DOCUMENT RESUME

ED 213 156 EC 141 107

TITLE Reauthorization of the Child Abuse Prevention and Treatment and Adoption Reform Act. Hearings before the Subcommittee on Select Education of the Committee on Education and Labor, House of Representatives, 97th Congress, First Session on H.R. 2318 to Reauthorize the Child Abuse Prevention and Treatment and Adoption Reform Act (Washington, DC, March 9 and 12, 1981).

INSTITUTION Congress of the U.S., Washington, D.C. House Committee on Education and Labor.

PUB DATE 81

NOTE 268p.; Many pages with small print or poor quality.

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS *Child Abuse; Federal Aid; *Federal Legislation; Federal Programs; Hearings; *Intervention; *Prevention

IDENTIFIERS *Child Abuse Prevention and Treatment Act; Congress 97th

ABSTRACT

The document contains the transcript of the congressional hearings on H.R. 2318 to extend authorizations of appropriations for programs established in the Child Abuse Prevention and Treatment Act and the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978. Among the individuals presenting statements are the following: A. Cohn on essential elements of successful child abuse and neglect treatment; E. Lansdown, who was emotionally and sexually abused as a child; E. Elmer, director of research and training of the Parental Stress Center (Pittsburgh, Pennsylvania); A. Burgess, with Boston University School of Nursing, on statistics, clinical research data, and current research on child abuse; H. Davidson on behalf of the American Bar Association; members of a family involved with Parents United, a self help treatment program; G. Thomas, president of the Regional Institute of Social Welfare Research (Athens, Georgia) on documentation of effects of child abuse prevention and treatment; and A. Hauser, director of a child abuse and neglect resource center, on the cost effectiveness of prevention and treatment programs. Also provided are materials from the Fifth National Conference on Child Abuse and Neglect; descriptions of child abuse treatment programs; a supportive services forum resource booklet compiled by J. Riebel and M. Melvin; and sample published articles on child abuse. (SB)

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REAUTHORIZATION OF THE CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM ACT

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

H.R. 2318

TO REAUTHORIZE THE CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM ACT

HEARINGS HELD IN WASHINGTON, D.C. ON
MARCH 9, AND 12, 1981

Printed for the use of the Committee on Education and Labor

U.S. GOVERNMENT PRINTING OFFICE
77-118 O WASHINGTON : 1981

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REAUTHORIZATION OF THE CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM ACT

MONDAY, MARCH 9, 1981

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON SELECT EDUCATION,
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met pursuant to call, at 9:30 a.m., in room 2257, Rayburn House Office Building, Hon. Austin J. Murphy (chairman) presiding.

Members present: Representatives Murphy, Miller, and Erdahl.

Staff members present: Michael Corbett, staff director; Gary Caruso, legislative director; Roseann Tulley, administrative assistant; Clarence Norman, professional staff member; Judith Wagner, staff consultant; Cheryl Kinsey, professional staff member; Tanya Rohall, staff assistant; and Dorothy Strunk, minority legislative associate.

Mr. MURPHY. Good morning. I am Austin Murphy from Pennsylvania, and with me and present on the panel is Congressman Arlen Erdahl of Minnesota. We are expecting our other members momentarily, but we would like to get started.

This morning we begin hearings on H.R. 2318, which reauthorizes programs under the Child Abuse Prevention and Treatment and Adoption Act. Regrettably, the administration's representatives have declined our invitation to testify on what we consider is a very realistic alternative to any block grant approach either in this program or any other.

[Text of H.R. 2318 follows:]

97TH CONGRESS
1ST SESSION

H. R. 2318

To extend authorizations of appropriations for programs established in the Child Abuse Prevention and Treatment Act and in the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 4, 1981

Mr. MURPHY (for himself, Mr. PERKINS, Mr. MILLER of California, Mr. BIAGGI, Mr. SIMON, Mr. FORD of Michigan, Mr. WEISS, Mr. KILDEE, and Mr. DYMALLY) introduced the following bill; which was referred to the Committee on Education and Labor

---

A BILL

To extend authorizations of appropriations for programs established in the Child Abuse Prevention and Treatment Act and in the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "Child Abuse Prevention and Treatment Amendments of 1981".

EXTENSION OF CHILD ABUSE PREVENTION AND TREATMENT PROGRAM

SEC. 2. (a) The first sentence of section 5(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(a)) is amended by striking out "and" after "1979," and by inserting before the period at the end thereof the following: ", $22,928,000 for the fiscal year ending September 30, 1982, $24,762,000 for the fiscal year ending September 30, 1983, $26,743,000 for the fiscal year ending September 30, 1984, $28,883,000 for the fiscal year ending September 30, 1985, and $31,193,000 for the fiscal year ending September 30, 1986".

(b) The last sentence of section 5(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(a)) is amended by striking out "each of the fiscal years" and all that follows through the end thereof and inserting in lieu thereof "the fiscal year ending September 30, 1980, and for each of the six succeeding fiscal years.".

(c) Section 5(b)(1) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(b)(1)) is amended by striking out "and" after "1979," and by inserting after "respectively," the following: "$4,000,000 for the fiscal year ending September 30, 1982, $4,320,000 for the fiscal year ending September 30, 1983, $4,666,000 for the fiscal year ending September 30, 1984, $5,039,000 for the fiscal year ending

September 30, 1985, and $5,442,000 for the fiscal year ending September 30, 1986,".

EXTENSION OF ADOPTION REFORM PROGRAM

SEC. 3. Section 206 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, as so redesignated in section 5, is amended by striking out "and" after "1978," and by inserting after "fiscal years" the following: ", $3,500,000 for the fiscal year ending September 30, 1982, $3,780,000 for the fiscal year ending September 30, 1983, $4,082,000 for the fiscal year ending September 30, 1984, $4,409,000 for the fiscal year ending September 30, 1985, and $4,762,000 for the fiscal year ending September 30, 1986,".

REPORTING OF CHILD ABUSE OR NEGLECT IN RESIDENTIAL INSTITUTIONS

SEC. 4. Section 4(b)(2)(A) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5103(b)(2)(A)) is amended—

(1) by inserting "(i)" after "include"; and

(2) by inserting before the semicolon at the end thereof the following: "; and (ii) provisions which prohibit any person responsible for the administration of any public or private residential institution (or an agent of any such person) from discharging or otherwise discriminating against, or taking any other adverse em-

ployment action against, any individual as a result of any report made by such individual relating to any occurrence of child abuse or neglect at any such institution".

TECHNICAL AMENDMENT

SEC. 5. Title II of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5111 et seq.) is amended by redesignating section 201 through section 205 as section 202 through section 206, respectively, and by inserting before section 202 (as so redesignated) the following new section:

"SHORT TITLE

"SEC. 201. This title may be cited as the 'Adoption Opportunities Act of 1978'.".

O

Mr. MURPHY. This subcommittee is responsible for authorizations, and to that end I am proposing that the authorization levels be reduced by 22 percent for this program, from $39 million in fiscal year 1981 to $31 million in fiscal year 1982.

You may ask why this committee is making such a proposal. The authorization, of course, will meet the mandate of the national electorate to cut Federal expenditures and allow for only an 8-percent annual increase to meet inflation over the following 4 fiscal years. I have confidence that the administration and Congress can help decrease the inflation rate to that level, and that is why we are offering these cuts.

Categorical programs such as the child abuse program or the drug and alcohol abuse education program, which we will introduce later this week, were created because of a national need. States were not adequately responding nor were local governments responding to the needs of individuals, children, and families who have experienced beatings, sexual abuse, drug and alcohol addictions, and even death, as we will hear today.

I do not believe that Federal tax dollars should be administered by State and local officials who are not responsible for raising those moneys, especially when we have no guarantees that this program's money will ever help one abused child or affected family.

The raising of tax dollars by one elected body to be spent at the whim of another elected body or official is an irresponsible delegation which most often leads to waste and confusion in programs.

The test of any program is whether it can meet the following criteria: efficiency, effectiveness, accountability, and equity.

The block grant theory may conveniently shuffle budgetary figures, but it is not equitable, it does not address the problems at hand, nor is it an approach a truly concerned government should take. If the Senate includes these programs in block grant form, it would be better to end the programs altogether rather than to fool ourselves into thinking that the States, which have not shown an interest in addressing these problems before, will in fact continue to assist the victims who have no other available help once given Federal tax dollars.

Today's witnesses will demonstrate the needs of our society as well as the successful outcomes these programs create. My bill of reasonable reductions and responsible budgetary forecasts alerts these community organizations that they can only expect certain funding amounts for the next 5 years and can plan accordingly. I think that Congress, particularly the House, will reduce expenditures responsibly. Anything short of this will create chaos as well as eliminate necessary, guaranteed social services.

I would now ask Congressman Erdahl if he has anything to add to my remarks.

Mr. ERDAHL. Thank you very much, Mr. Chairman.

First, I want to commend you for continuing on with your concern in this area that was really, I think, initiated by our colleague, Mr. Paul Simon of Illinois. I understand Mr. Simon probably will be along shortly.

One of the real challenges we face obviously in this Congress, and certainly in this committee, Mr. Chairman, is a need to pick

our priorities. I think we are all aware that a conservative mood has swept our country and swept our Congress, and yet it seems it is incumbent upon us to balance this conservatism with compassion and concern, because there are still some people who are hurt, some abused children, some victims. As we cut back on spending and cut back on programs, I trust you and I, Mr. Chairman, and other Members will remember that these indeed are people who need our help.

Without wanting to seem self-righteous about it, I think Minnesota has evolved a good and innovative program, one which we used as a pattern for part of the Federal law in the last session, in dealing with the problem which for too long has been hitting some of our people. It is assumed sometimes that the problems of abused children are something that is confined to deprived neighbors and ghettos, but we have found, as you well know, that this exists across the social strata into affluent suburbs and farms and throughout our country. It is a serious problem, one which we in the Congress cannot ignore and should not ignore.

Again, Mr. Chairman, I commend you for going on with these hearings and selecting the witnesses we will be hearing from later this morning.

Mr. MURPHY. Thank you, Mr. Erdahl.

The other members not having arrived yet, we will proceed with our first witness, Mr. Leonard Lieber, executive director of Parents Anonymous. He is accompanied by Mrs. Elizabeth Landsdown and a family that they will introduce to us.

You may proceed, Mr. Lieber.

STATEMENT OF LEONARD LIEBER, EXECUTIVE DIRECTOR, PARENTS ANONYMOUS

Mr. LIEBER. Thank you very much, Mr. Chairman. I appreciate being here.

I would like first to introduce myself. I am Leonard Lieber, executive director for the national organization of Parents Anonymous. Since 1974 I have held that position.

Our program began in 1970. We have the largest child abuse treatment program in the world, numbering some 25,000 to 35,000 families and participating groups in this country and abroad. We have been in existence since 1970. We have been a federally funded agency since 1974, a little bit over a year before the National Center on Child Abuse and Neglect began operating.

With me is Betty Landsdown, who is a very dear friend of mine and also a parent member of our program who has been involved during the past 10 years.

In my brief period of time, I would like to mention a few things about why the National Center should be maintained and what would happen if it was not maintained, and I would like to offer a few recommendations to go along with it.

Initially, I was a child welfare worker and protective services worker and supervisor of Los Angeles County, from 1966 to 1970, with a stint in mental health besides. Basically, we had nothing in the way of information provided for us to help us work with families.

Since the National Center has been in its place since 1975, more information on creative ways of working with families has been disseminated across the country than in all other times since the child welfare portion of the social security law was put into effect. I believe that in itself is a very important fact to consider.

Second, I believe, with the National Center's termination, we will face the loss of some of the cost-effective and quality-effective programs which the National Center has given rise to: family aid programs, paraprofessional programs, volunteer programs, and self-help programs, including the Parents Anonymous national program.

There is basically no lower cost to Government, as I mentioned, than using these many kinds of programs. Whereas it costs in excess of $1,500 for a public welfare agency to serve a family who has child abuse problem, it costs between $50 and $75 for a Parents Anonymous program and other programs like this to serve the same kind of a family.

Placing money in the hands of individual States removes the National Center's brokerage effect which allows them to disseminate the kinds of information which individual States would not have and did not have prior to 1975.

The magazine, "Changing Times," this month came out with an article on family violence. It listed some of the things that were considered to be very effective. One of them was the only national WATS line in the United States for parents in stress. We operated that WATS line out of Los Angeles. If that WATS line was put out of operation, I suspect a number of other WATS lines would go with it. There are some 600,000 parents this year calling in to help lines across the country asking for help. In 1970 there were no parents calling in on help lines asking for help.

The growth of people voluntarily placing themselves in the hands of help resources has grown every year. This is cost effective in itself because it removes the necessity for welfare agencies and courts to initiate programs because they find out about these things long after the situation has become intolerable for parents and children.

We would also like to indicate that the loss of the National Center would mean that many of the activities which the military has become involved with over the past 5 years might lose emphasis. We have with us today representatives of the military, because the Surgeon General's office of the Air Force was kind enough to support Captain Neil Brennecki of Keesler Air Force Base in Mississippi to come along with a family from that locale. We have done a great deal to provide for the needs of American families in the military over the past 6 or 7 years, and with the National Center, they have done much more.

I believe there is a tendency to let things slide when there is no central focus, and this is exactly what the National Center has provided. A few of the recommendations I would like to make for the National Center's ongoing activities would be that because of the concern for centralized control of moneys, certain moneys which the National Center now has—I believe there is a $7 million amount of block grant money—be given to States, but we believe that the block grant issue should basically not be the only way the

child abuse services are spearheaded in the country. We believe the National Center, if there needs to be a budget cut, should remain intact, and that great efforts be placed on providing a lot of direction for those programs that utilize volunteer, paraprofessional, self-help, and volunteer programs. We believe that removing virtually all nonservice delivery projects might be in line with what the public is now asking of Government-funded programs.

We believe that some people are uncomfortable with a lot of research, and we believe research projects probably can be cut with only those left that have an appreciable quality orientation to help service programs that actually are addressed to families' current needs. We believe the National Center should be allowed to supervise those funded grants which are providing assistance to national and regional programs which, with the block grants to States, would go out of business, or which appreciably cuts those national regional programs, including the regional resource centers and the Parents Anonymous programs and other programs like it which cannot qualify for block grant programs throughout the States on a national basis.

I would also like to mention, ironically, or coincidentally, that I understand you will be involved later today with presentations in an area you are very concerned about, black lung disease. I had a call from a young parent in Washington County, Pa., 2 weeks ago, a young parent who is the wife of a miner. She was not calling about the black lung disease; she was calling about her family's child abuse problems. She and many other people equate physical ailments and emotional ailments in the same vein, and I am not sure which causes more pain in the long run.

Congressman Erdahl, I believe you met our representative from Minnesota, Linda Shriner, who also made a presentation about the needs of parents.

[The prepared statement of Leonard Lieber follows:]

PREPARED STATEMENT OF LEONARD LIEBER, EXECUTIVE DIRECTOR, PARENTS ANONYMOUS

Dear Friends, we are pleased to have the opportunity to testify on behalf of legislation designed to continue operation of the National Center on Child Abuse and Neglect.

It is our belief that the hearings come at a time when some considerations are being given to abolish the National Center and make block grant monies available to the States to be used entirely at their discretion.

We have strong beliefs that the Center should be maintained as it remains the only coordinating unit for child abuse treatment efforts in this country. We understand that block grants to the States would be the new means to allocate child abuse funds and find this, in some respects, to be a less than satisfactory way to continue the development of creative, cost effective and helpful local efforts to work with families experiencing child abuse and neglect problems.

On the other hand, we recognize some of the shortcomings in the National Center's operation over the past few years and accept the need to establish a compromise, at this point, if the Center is to function in the spirit of the current administration's plan for decentralization in Government services.

Ironically, termination of the Center means dissolution of the Parents Anonymous national coordinating system. As you know, P.A. is a private organization and was a federally funded program before the National Center was even established. Also, 50 percent of the monies to the P.A. national program are returned to P.A. state programs, a cornerstone in the current administration's concern for control at local levels.

Two evaluations have indicated that Parents Anonymous is the most effective child abuse and neglect program in the United States from standpoints of quality service and cost effectiveness. Whereas, the cost to serve a family in the P.A.

program averages $75 annually, costs to serve a family through a public welfare agency reach over $1500 per year. And, we might add, in the P.A. program there is little or no direct government intervention in the families' lives.

At any given time, over 30,000 families, many of them attached to the U.S. military, receive services nationwide in the P.A. program at very low cost while several million families are indirectly served through our educational system.

The only national parental stress phone line in the United States, connecting parents to local help resources, is the P.A. WATS line. Termination of this established line would create a serious cost and logistical problem nationwide getting parents and children to help resources before a serious incident ocurred at home. This telephone service has been operational for the last six years through which over 125,000 families have been put in touch with help while many other thousands of individuals have been given necessary information relative to particular interests in child abuse and neglect problems. Scrapping of this project is inappropriate.

During the past ten years P.A. national, state and local programs have done more public education work in the area of child abuse and neglect through media, public meetings, publications, etc. than all public welfare agencies combined—again at very little cost to the taxpayer.

We understand and accept the philosophy to give more control over services back to communities. We also should like to point out that our organizaton has always attempted to do just that. Representatives of our organization stand ready to take part in any current process along these lines and help establish effective utilization of resources.

We are enclosing material on evaluations of the P.A. operation as a means to reacquaint you with that data.

We ask for your support in reaching the fiscally sound and fair determination of the issues which we have raised. Your attention to this most urgent matter is most appreciated.

INFORMATION STATEMENT

Parents Anonymous, Inc. is a non-profit, tax-exempt charitable corporation originally granted 501-C3 status as an educational organization, by the Internal Revenue Service.

P.A., as it is popularly known, began as a service supplement, in 1970, to families whose child abuse problems were not amenable to treatment by other services available (or non-available) at that time.

The program, utilizing a modified self-help format which includes active participation by volunteer professionals, has grown from one chapter in Southern California, to over 1,200 worldwide.

In addition to services for parents, P.A. offers groups for younger children and teenagers in many communities.

Since its inception, the P.A. program has actively sought to establish positive working relationships with public and private human services agencies everywhere. As a result, P.A. national staff, and state and local representatives has become "visiting" faculty and training cadre for mental health agencies, social services units and other related service systems in programs designed to better train staff working in the field of family violence.

The P.A. program was one of the first service delivery systems in this country to place heavy emphasis on the use of paraprofessionals providing direct low cost assistance to families in stress.

The training of paraprofessionals was a "given" in our first federal funding from the Office of Child Development in 1974 and became more formalized in the nature of our training program for professionals and P.A. parents beginning in 1977.

The national trend seems to be continually moving toward the involvement of paraprofessionals and consumers in the development of mental health and family stress service. The P.A. national office, its forty funded state offices, and U.S. military affiliate unit in Europe are attempting to keep pace with this trend by focusing on the need to expand the dissemination of knowledge and training to all of those persons capable of providing cost-effective, quality life support services to those in need.

CONSIDERATIONS REGARDING THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT (NCCAN)

The National Center on Child Abuse and Neglect began in 1974. Current funding is $22 million (30 percent to states in block grants.)

Entire abolition of the Center would deal a blow to cost-effectiveness in the following ways:

(1) Loss of national and regional coordination which has given rise to a network of cost-effective programs: (a) family aides; (b) paraprofessionals, (c) self-help, (d) volunteerism.

(2) Placing money into hands of individual states removes the National Center on Child Abuse and Neglect (NCCAN) broker role, which has brought disciplines together through pilot projects;

(3) Loss of national and regional programs which have an appreciable effect whose coordinating units cannot qualify for state grants—e.g. National Parents Anonymous WATS line. The backing up of families who can't call and be referred will be very costly in terms of local and state coordination. They will end up as part of the problem, rather than part of the solution.

The National Center (NCCAN) is virtually the sole agency which has fostered development of special projects which save more money than they cost—e.g. Parents Anonymous, perinatal programs, etc.

Block grants to a single state agency will tend to put money in holes to fill general needs of public welfare agencies, which are the most costly and most inefficient form of service delivery system. Parents Anonymous costs $50–$75 per family; public welfare families cost $1,500 plus!

RECOMMENDATIONS

(1) Remove NCCAN control of $7 million (the 30 percent of the current budget already earmarked for block grants to the states), and give it to the states outright, with stipulations that some part of it be used to support self-help programs and agencies that utilize volunteer and paraprofessional services.

(2) Wisely recommend a funding level to NCCAN for its operations within guidelines of the administration's need for economy.

(3) Remove virtually all non-service delivery projects, particularly the bulk of research projects, most of which are ending now.

(4) Allow NCCAN to supervise funded grants which provide direct service *and* which foster development of locally controlled programs, using self-help, paraprofessional, family aide and volunteer approaches.

(5) Charge NCCAN with responsibility for funding proven regional and national projects (or portions thereof) whose operations have proven merit and are worthy of continuation.

Child Abuse and Neglect, Vol. 3, pp. 491 - 496.
© Pergamon Press Ltd., 1979. Printed in Great Britain.

0145-2134/79/0601-0491 $02.00/0

ESSENTIAL ELEMENTS OF SUCCESSFUL CHILD ABUSE AND NEGLECT TREATMENT

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Not all child abuse is preventable. Society faces an ongoing need to support programs that treat the members of families in which abuse occurs. There is little systematically generated knowledge on the most efficient and effective ways to assist parents and children faced with abuse. The purpose of our 40-month study of eleven child abuse and neglect demonstration service programs in the United States was to expand the knowledge base in this area by determining, through evaluative research, the essential elements of successful treatment programs. This paper highlights our findings that pertain to more effective delivery of services to abusive and neglectful parents.

TREATMENT SERVICES FOR PARENTS

A focus of our study was determining the relative effectiveness of different treatment strategies for the parent. In order to study treatment effects, all adults receiving treatment services from the demonstration projects were included in the study population. Data on 1,734 clients, recorded by case managers, included case history information about the nature and severity of the maltreatment, the extent of recidivism during treatment, the services received by the parent and outcome information including the case manager's assessment of the extent to which specific client problems theorized to be related to abusive behavior had been reduced and whether the parents' overall propensity for maltreatment had been reduced.

In discussing what was learned about treatment effectiveness, a number of unavoidable methodological constraints which limit the conclusiveness of findings must be taken into account. Although the study population is similar to the kinds of cases routinely handled by public protective service departments, the projects studied, selected because of the different treatment strategies they proposed to demonstrate, are not necessarily representative of child abuse and neglect treatment programs in general. The study included no control or non-treatment groups. All data were collected from case managers rather than directly from the clients themselves. And, no data were collected on a follow-up basis, after the termination of treatment services.

STUDY POPULATION

The 1,734 parents included in the study population represent a heterogeneous group of families, not substantially unlike those reported to public protective services agencies across the country on key socioeconomic characteristics. In the majority of cases, more than one adult lived in the household (60%), no adult in the household held a high school degree (61%), at least one adult was employed (70%), the reported annual family income was less than $5500 (56%), at least two children were present in the household (72%), and at least one of the children was a preschooler. Most of the 1,734 cases were referred to the projects from social service agencies, schools, hospitals and neighbors or acquaintances; close to 10% were self-referrals. Twenty-eight percent of the cases were labeled as high risk or potential cases; an additional 14% were identified as emotional abusers and neglecters. Four percent of the cases involved sexual abuse. The remaining 54% of the cases had physically maltreated their children -- 31% by physical abuse, 20% by physical neglect and 3% by a combination of both. (The representation of physical abuse cases in this study population

is proportionately higher than in caseloads of public protective services cases, due largely to the selective intake criteria of some of the demonstration projects.) Ten percent of the cases required court intervention of some form, although in over 30% of the cases the alleged abuse or neglect was actually established.

Clients, on average, were in treatment six to seven months and had contact with a service provider about once a week. Approximately 30% of the clients received a treatment package which included lay services (lay counseling and Parents Anonymous) along with individual counseling or case management and other services. Only 13% received a group treatment package (including group therapy or parent education classes) along with other services, and over half (54%) received an individual counseling model of service delivery which excluded any lay or group services. Extensive analyses were undertaken to determine if the receipt of any particular service package was related to client characteristics. For the client characteristics measured, no general patterns of service prescription emerged. It may well be that certain factors, such as client motivation, which were not included in this study, would help explain differences in service receipt across clients.

REINCIDENCE DURING TREATMENT

While the absence of reincidence (or incidence) of abuse or neglect during treatment cannot be regarded as a measure of treatment outcome or effect, the presence of reincidence may serve as a good indication of whether a program is, in general, protecting the children in client families. Of the 1,724 parents studied, a full 30% were reported to have severely reabused or neglected their children while they were in treatment. This severe reincidence excluded any reports of emotional abuse, mild physical injuries, emotional neglect or mild physical neglect. While no benchmarks exist in the field by which to assess this experience of the demonstration projects studied, the 30% figure seems high and does raise serious questions about how well those projects, and perhaps child abuse and neglect treatment programs in general, are helping to maintain a safe environment for the abused or neglected child. As shown on Table 1, we found that cases identified as "serious" at intake (multiproblem families with a previous history of maltreatment, in which the current episode was labeled as "severe") were significantly more likely to severely reabuse or neglect their children during treatment than non-serious cases (56% as opposed to 15%). Given that over half of the cases labeled as serious were reported with severe reincidence, it seems apparent that these cases require very special supervision and intervention.

TABLE 1. Relationship between Severe Reincidence During Treatment and Seriousness of the Case*

	Seriousness of Case	
Severe Reincidence	Serious	Not Serious
Yes	56%	15%
No	44% (N=622)	85% (N=1102)

*Chi-square significant at .05.

Further, we found that programs using professionally trained staff to conduct intakes and treatment planning had lower reincidence rates, suggesting that the protection of the child and the well-being of the family is increased when the most highly qualified workers have initial contact with families, carrying them through the immediate crises they are facing.

The importance of using the most experienced workers for the management of cases was further emphasized through an in-depth study on the case handling practices for a random sample of the 1,724 cases in the study population. Teams of expert clinicians reviewed case handling procedures for 362 cases using an audit technique developed in the medical field of abstracting case records and interviewing case managers. Reviewers then rated the overall quality of case management. Workers with professional training as well as workers with three or more years experience working with child abuse cases were consistently rated as providing higher quality case management than workers without professional training or fewer years of direct clinical experience.

REDUCING PROPENSITY FOR FUTURE ABUSE OR NEGLECT

One indication of treatment effectiveness is a clinician's judgment of whether or not a client's potential for abusive or neglectful behavior has been reduced by virtue of improvement in a number of problem areas. Case managers at the demonstration projects were asked to report, for each client served, whether or not a client's propensity for future maltreatment had been reduced by the end of treatment. As shown on Table 3, of the parents studied, 42% were reported with reduced potential for abuse or neglect. In other words, case managers reported success with less than half of their cases. Given the paucity of comparable studies, it is not known if the experiences of the demonstration projects represent a norm for the field. However, because these projects received special resources and special attention not common in public protective service programs across the country, it may be fair to assume that the projects studied did at least as well in working with clients as most other programs across the country. If this is the case, it suggests that child abuse and neglect programs are not nearly as successful in longer-term protection of children as we might wish.

TABLE 2 Relationships between Reduced Propensity for Future Abuse or Neglect and Service Model Received*

Reduced Propensity	All Cases	Service Model Received		
		Lay	Group	Individual
Yes	42	53	39	38
No	58	47	61	62
		(N=334)	(N=186)	(N=436)

*Chi-square significant at .05.

Those client characteristics measured did not seem to differentiate successful or not successful clients. Additionally, no one service or service package was found to be overwhelmingly related to reduced propensity. The experiences of the demonstration projects did not point to a single best method of service delivery. However, it was the case that clients receiving lay services (lay or parent aide counseling and/or Parents Anonymous) as supplements to their service package were more frequently reported with reduced propensity than clients not receiving these services. Fifty-three percent of those provided with lay services were said to have improved during treatment as opposed to less than 40% of other clients.

ALLEVIATING CLIENT PROBLEMS THAT TRIGGER ABUSE OR NEGLECT

A second way of looking at the outcome of service delivery is to determine whether or not the problems clients exhibited at the time they entered treatment have been ameliorated. Select attitudes, situations and behaviors, theorized to be causally related to abusive and neglectful behavior were measured at intake and again at termination to determine if each was a problem for a particular client and, if so, if this problem was remediated by the end of treatment. As can be seen on Table 3, while projects had more success with some problems (such as reducing the stress in the client's household or improving parent's behavior toward the child) than with others (such as parent's low self-esteem, understanding of self, or sense of independence), for no problem measured did more than 28% of the clients exhibiting the problem improve. Once again, given the lack of comparable studies, we do not know if these findings are reflective of child abuse programs across the country. It is apparent, however, that while projects may have helped clients resolve many problems not measured, of those measured, very few were remediated. If in fact those unremediated problems are related to the propensity to abuse, as theorized in the literature and as generally accepted by the field, then it stands to reason that clinicians reported generally low overall success with cases.

We look to the services provided to clients to determine whether or not different mixes of services are associated with greater success in ameliorating problems. As shown on the table, clients receiving a service package which included lay services (lay counseling and Parents Anonymous) had almost consistently greater success with their problems than those receiving services based on individual counseling; additionally, clients receiving group

services (group therapy or parent education classes) did better on most measures than those receiving the individual counseling model. These findings, as those previously reported, suggest that treatment is more effective in helping clients resolve problems theorized to be related to abusive or neglectful behavior when lay and group services are added to the treatment package.

TABLE 3 Relationships between Problem Resolution and Service Model Received*

Problem Resolution	All Cases	Service Model Received		
		Lay	Group	Individual
Reduced stress from living situation	28%	31%	24%	29%
Improved sense of child as person	22	30	32	17
More appropriate behavior toward child	28	35	32	25
Greater awareness of child development	23	29	28	19
Improved ability to talk out problems	25	33	32	21
Improved reactions to crisis situations	23	33	25	20
More appropriate expression of anger	20	28	24	17
Greater sense of independence	18	26	26	14
Better understanding of self	19	28	28	14
Enhanced self-esteem	19	28	19	15

*Chi-square significant at less than or equal to .05 for all relationships.

It was of particular interest to look beyond the mix of services provided to a client and determine if any one discrete service stood out as being more effective than others in problem resolution. We found that parents who participated in Parents Anonymous, irrespective of whatever other services they received, were significantly more likely to have their problems resolved than clients who did not participate in this service. Table 4 highlights this finding. It is reasonable to believe that parents do self-select into this self-help service; however, it is also reasonable to believe that the nature of the service itself goes a long way in enabling parents to better cope with their own problems.

THE LAY SERVICE TREATMENT PACKAGE

This lay service package that was found to be more effective than others generally included case management carried out by a trained, full-time worker. It included services of a lay person (in other words, an individual, usually volunteer, trained on the job and under the ongoing supervision of a professional) who was assigned to the client to serve as a friend, a support, a social contact. This lay counselor or parent aide met with the client once or several times a week and was generally available to help the family in a variety of daily needs. The lay service package may also have included participation in Parents Anonymous, a self-help group of abusive and neglectful parents.

TABLE 4 Relationships between Problem Resolution and Participation in Parents Anonymous

Problem Resolution	Participation in Parents Anonymous: Yes (N = 90)	No (N=1523)
Reduced stress from living situation	56%	28%
Improved sense of child as person	37	21*
More appropriate behavior toward child	43	27*
Greater awareness of child development	31	22*
Improved ability to talk out problems	37	25*
Improved reactions to crisis situations	44	22*
More appropriate expression of anger	30	19*
Greater sense of independence	32	18*
Better understanding of self	38	18*
Enhanced self-esteem	38	18*

*Chi-square significant at or less than .05.

There are many reasons why this lay model may have been somewhat more effective than other treatment modalities. The lay counselor or parent aide carries a very small caseload (one to three) and thus has more energy and time to give to each individual client. (Most full-time workers in the Demonstration projects carried 20-25 cases.) The lay counselor's job consists of becoming a client's friend, helping a client break down some of the social isolation he or she is experiencing; workers with large caseloads do not have the time to do this; paid workers generally carry the stigma of authority that does not enable them to do this. A service such as Parents Anonymous encourages parents to help themselves and help others in comparable situations, which appear to foster independence and greater self-esteem among other things; this interaction with others struggling with similar problems (and sometimes seemingly worse problems) helps to put problems and solutions into perspective.

A treatment service model which includes lay services is, as might be expected, less costly than other service models. (The annual expense per case for the lay service model is about $1400 as compared to $1700 for a service model based on individual counseling by paid workers only.) Given the somewhat greater effectiveness of the lay service model, it also appears as a more cost-effective service strategy (approximately $3600 a year per successful case versus $4700 a year for the individual counseling model). More cost-effective than the individual counseling model is a service package which includes professionally provided group services (at a cost of $4000 a year per successful case). Such a group service model was found to be particularly beneficial for physical abusers, as opposed to neglectors or emotional maltreaters.

OTHER ASPECTS OF EFFECTIVE TREATMENT

The findings discussed suggest that while treatment programs require highly trained, experienced workers to conduct intakes, treatment planning and general case management, the use of lay, self-help and group services likely improve the effectiveness of treatment. Through a more detailed analysis of data from a subset of cases, the study identified other aspects of case handling that contribute to effective treatment.

First, as shown in Table 5, while not all cases will require lengthy treatment, we found that cases in treatment for at least six months (and generally not longer than 12 to 18 months) were more likely to have reduced propensity for future abuse by the end of treatment (46% versus 22% of those in treatment under six months). In addition, keeping a case in treatment

was found to be more cost-effective. Apparently, some amount of contact is necessary before the benefits of treatment are realized.

TABLE 5 Relationships between Reduced Propensity for Future Abuse or Neglect and Select Aspects of Case Handling*

	Length of Time in Treatment		Case Manager Case Load Size	
Reduced Propensity	Less than 6 months	Over 6 months	20 or less	Over 20
Yes	22	46	40	30
No	78	54	60	70

*Chi-square significant at .05 for all relationships.

Second, not only do workers with smaller caseloads (closer to 20 than 40) provide higher quality case management, they also appear to have more success with their cases. Forty percent of those cases managed by workers with smaller caseloads were reported as successes as opposed to 30% of those cases managed by workers with larger caseloads.

Beyond these two factors which are directly related to outcome, we found a number of other case handling variables which are essential aspects of quality case management and which thus have important, although indirect, implications for treatment outcome. The six most notable variables include: immediate (e.g., same day) contacting of client after a report is received for timely crisis intervention; contacting the referral source for background information to avoid unnecessary duplication during investigation and intake; use of a multidisciplinary team review during intake to guarantee a comprehensive treatment plan; the ongoing use of consultants from different disciplines to ensure a continuously responsive treatment plan; maintaining weekly contact between the case manager and the client to ensure timely review of treatment progress; and conducting follow-up four to six weeks after termination to make sure that discontinuation of services was appropriate. Beyond these specific facets of case management, the study suggests that treatment programs, in general, operate more efficiently and effectively if they are housed within or closely linked with the public agency mandated to handle abuse and neglect cases (in the United States this is typically Children's Protective Services) and if the program has established strong, formal working relationships with other agencies in the community working with maltreatment, notably those from the legal, educational, and medical sectors.

CONCLUSIONS

Our evaluation of eleven demonstration projects sought to systematically document select aspects of the more effective methods for treating child abuse and neglect. This paper has presented findings about treating the abusive or neglectful parent. The findings affirm the experiences of many small, pioneering programs in the field which have not been subject to national evaluations. Perhaps our findings, coupled with the experiences of others, can begin to form a generally accepted body of knowledge about treating child abuse. And perhaps with this body of knowledge, we can begin to seek ways to improve treatment services for all identified cases of abuse and neglect.

This work, conducted at Berkeley Planning Associates, was supported by the National Center for Health Services Research under contract HRA 106-74-120 and HRA 230-76-0075. Copies of final reports, which detail the study findings, are available through the National Technical Information Service, Washington, D.C., reports numbered PB 278-438 to PB 278-449.

[Excerpts from Changing Times, March 1981]

IMMEDIATE HELP

Parents at the end of their rope can reach for the telephone instead of the child. Hot line numbers are often listed on the inside front cover of the telephone book or under county social services or child protective services. Parents who can't find a local hot line can call the national hot line of Parents Anonymous, a self-help group with 1,300 chapters in the U.S. and foreign countries: The number is 800 421-0353; in California, 800 352-0386. Hot line workers first calm a parent on the verge of abuse, then suggest other local resources for long-term or immediate help. In more than a hundred communities, another way to defuse the crisis is to take the child to a crisis nursery, a child care center where parents can leave their children in times of stress. Look under "Social Service Organizations," "Crisis Intervention" or "Children" in the Yellow Pages, or dial information.

TACKLING THE PROBLEM

Some authorities say that 80 percent to 90 percent of abusive parents can learn to stop battering their children if they receive effective counseling. Dr. David Walters reports good results from individual counseling of middle-class parents who were afraid their problems would become known and bring community censure if they joined a group. A study of federally funded child abuse treatment programs suggests that using trained and supervised lay therapists and Parents Anonymous as part of the treatment may be the most effective approach.

In addition to Parents Anonymous, groups and counseling services targeted on child abuse are offered through social service agencies, family service agencies, community mental health centers, hospitals, and social workers and psychologists in private practice. The local community council, United Way, or information and referral service should know what's available in your community.

In five cities—Erie, Pa; Philadelphia; Queens, Minneapolis, and Abilene, Tex.—public social service agencies are working with parents who report themselves instead of being reported by someone else. In Abilene ten parents who said they hadn't yet beaten their kids joined the Family Outreach project because they feared they might. Since one of their problems, according to project director Nancy Norman, is that "they don't know how to play with or enjoy their children," the parents consult with a recreational therapist to learn about activities they can share with their kids. In addition, each parent is introduced to a trained volunteer aide who can give helpful information and moral support.

PREVENTION

Some communities are trying to do something about the isolation and overwhelming responsibility that swamp some parents of newborns and can lead to abuse. Hospitals in Norfolk, Va, and Columbus, Ind., offer every new mother the services of a "family friend" who visits the home during the early months to give the new parent a break and someone to talk to. In another approach, Eugene, Ore., has established the New Parent Support Network with informal weekly meetings of small groups of parents.

Teaching parents and potential parents what to expect of children as they develop and how to discipline kids in nonviolent ways is another important preventive step. Community mental health, and adult education centers offer classes in being an effective parent.

Mr. LIEBER. Mr. Chairman, with me today is a young woman who knows full well the value of services and what can happen without them. Her name is Betty Landsdown. As I said, she has been a member of our program for a number of years, and I believe she can very eloquently explain a great deal to you at this point. Betty.

STATEMENT OF ELIZABETH LANDSDOWN

Mrs. LANDSDOWN. Thank you very much for allowing me to be here.

I was an emotionally and sexually abused child. There were no services available for my parents and no help for me to deal with my emotional problems that developed from sexual abuse.

I was married when I was 17, and by the time I was 25 I had had 7 children. I was incarcerated when I was 25. I had no money to pay for court expenses. The taxpayers paid for that. They also paid for my children's placements in foster homes and shelter cares.

After I was sent to the institution, my ex-husband regained custody of the children. Shortly after that, he received welfare for my children. I figured a few figures last evening, and with my incarceration, court costs and everything, the children's support, it cost $80,000 in a 10-year period to take care of my children.

My children needed therapy, which they had received none. Medical care didn't exist for my children except for when they could manage to get it whatever way they possibly could.

What I really want to say to you today is that if in the early 1960's somebody had been able to show me a place that I could go to that I could deal with myself as a person to become a better person, my children would not have been wrapped into the court system, I would not have been wrapped into the court system, it would not have cost that $80,000, and there is a very good chance that if somebody would have helped me early enough, my son that was 5 years old would not have lost his life.

I did not abuse my child to the point of his death. My common law husband did that.

If the Center does not receive what they need, there will be many, many more cases such as mine that will go into the courts, costing thousands of dollars to the taxpayers.

I did a few more figures last evening. If I would have been helped in time, it probably would have cost less than $8,000 in the 10-year period, because this is how long my children and I have been going through the court system.

I was awarded my two nephews 1 year and 1 month ago to come to live with me and my family. During that time I have had two visits from a social worker. During that time I had five phone calls from a social worker, a person who is supposed to reach out and be there if I needed them or if the boys needed them. They are not available.

If by chance I would have been making a promise to the court that I would take care of the boys and do the best I could for them and it would be good for them, if by chance I had not come in contact with Parents Anonymous and became the person that I am today, those boys could be hurting today. I could be hurting them, or my husband could be hurting them. Again there would have been two more cases going into the court system, costing thousands of dollars.

I know from experience that running child abuse programs is very difficult. I was a regional coordinator for Parents Anonymous for about 3 years. I found it nearly impossible to coordinate all the necessary programs, let alone having some inventive programs that would be helpful to the child and the parents to become very healthy persons in the community.

So I am requesting that the Center receives what they need to continue so that parents and professionals will have a central place to be able to work out what is needed for the consumers.

Thank you. If there are any questions, I would be very happy to answer them.

Mr. MURPHY. Thank you very much, Mrs. Landsdown.

I have one question. Before your son's death, did you seek help from anyone? Did you call anyone or seek that help?

Mrs. LANDSDOWN. Yes, sir; I did.

Mr. MURPHY. Who did you call? Where did you call?

Mrs. LANDSDOWN. Well, during the birth of one of my children I asked help from a nurse and from a doctor, and they really didn't seem like they wanted to get involved. I called the police department and told them that my son had bruises, and what could they do to help me? They said: "I'm sorry, ma'am. There is nothing we can do until a crime has been committed."

I had called a minister, and he seemed to have too many appointments.

It seemed every avenue I had—even at one time, when I was on welfare with the birth of my fourth child, I had asked the social worker. I had hit the end of my rope that day, and I knew I needed help right then. And she said: "I'm sorry. I only have 15 minutes for you." I had asked for help.

Mr. MURPHY. Was your incarceration related to the abuse of your child?

Mrs. LANDSDOWN. It was not related to the death of my son but to the abandonment of another daughter.

Mr. MURPHY. How did you find out about Parents Anonymous? How did you become involved with them?

Mrs. LANDSDOWN. When I was in the California Institution for Women, I was—I received a request to go to the group, and after several requests and being told that "you have this choice," although it wasn't much of a choice, I went to the group, and that was what they called Mothers Anonymous in the group, because there was only women in the group.

Mr. MURPHY. Thank you. Mr. Erdahl, do you have questions?

Mr. ERDAHL. Thank you, Mr. Chairman.

Mrs. Landsdown, one of the things you have stressed to us—I guess maybe you have sensed the mood of the Congress—is that over a period of years, because of the difficulties that you found yourself in, you said it cost the taxpayers about $80,000?

Mrs. LANDSDOWN. Yes.

Mr. ERDAHL. And you said probably they have spent one-tenth of that in helping you directly, and so this could have been avoided.

Certainly we are sensitive to that, but I hope we never forget the human dimension and the human cost and all the emotional factors and the suffering and all the rest of it, because it doesn't have a dollar value. I guess you can testify more eloquently than I that it is much more expensive than the $80,000, if we can make that comparison?

Mrs. LANDSDOWN. That's right.

Mr. ERDAHL. One of the things we have heard—and maybe you can relate to it from your experience or from others who have had similar experiences—is that we get into a cycle or a situation where the abused and the battered sometimes become the abusers and the batterers as an emotional, psychological reaction to a learned pattern. Do you care to comment on that, please?

Mrs. LANDSDOWN. Yes; I know that to be true, because my grandparents abused my parents, my parents abused me, and I abused my children.

My children, my teenage children, now are expressing different things in front of me that I know the warning signs are there. Fortunately, I know they are there, and I can give them help.

It is a continuous thing, and it happens. Unless that cycle is broken in a healthy way, it will continue to happen.

Mr. ERDAHL. Maybe it is difficult for you to be completely objective about this, because I suggest you feel grateful to Parents Anonymous or the Women's Anonymous group for the help you have obviously received and to be able to come here and talk as candidly as you are to us today, but do you think this is an avenue in a sense to break that cycle or break that chain with your own children?

Mrs. LANDSDOWN. I know it is.

Mr. ERDAHL. You know it is?

Mrs. LANDSDOWN. From my own personal experience.

Mr. ERDAHL. That is good.

Mr. Chairman, I have a question for Mr. Lieber. Do I pronounce that correctly?

Mr. LIEBER. Correct.

Mr. ERDAHL. Mr. Lieber, you have talked about the need to maintain the coordinating service and the National Center. I think you mentioned that we need to economize in maybe some of the more—and this is my word—esoteric areas. We know the problem is there; we need to deal with the situations that occur and try to prevent others from occurring.

Do you see this as an avenue—and I think you stated this—for a coordinated activity that could involve, and evidently does involve, a lot of volunteers and other private persons through the expenditure of local, State, and Federal funds?

Mr. LIEBER. To put it again in dollars and cents—and I was oriented to this in the large amounts—for every dollar that our program receives and that the National Center provides to the other programs like ours, we receive back $10 in time from professionals. We have 1,200 professionals who work with each of our groups, community volunteers who work with the youngsters, and we have several hundred groups for children at no cost to them or their parents.

When you continue to take a look at the possiblities that the National Center has in using all the information they now have about what works, they can actually save more money than the cost in the operation of their program. That is basically what we are looking at right now. It can literally pay for itself right now. That cannot be said of many Federal agencies, but it can pay for itself now, and we believe it is very appropriate that it be given a chance to work in these particular kinds of activities.

Mr. ERDAHL. Thank you very much. I have another question for Mrs. Landsdown before I yield back my time, Mr. Chairman.

You mentioned something that struck me as being disturbing; perhaps it disturbed me more than it did you. You said the clergyman told you he had too big a schedule, and that he couldn't work you into his appointment book, and the social worker, you said, had

15 minutes for you. You said also that the police said they wouldn't get involved until a crime had been committed. Hopefully, with our emphasis, I think, in society, and in Congress and in other places like Parents Anonymous, it would be the attitude, I would hope, that this is improving.

But getting back specifically to the one point about the police, it seems most unfortunate that we have to wait until a crime is committed, because our law enforcement authorities obviously are as much involved in crime prevention as crime detection and solving crimes. Since that time have you detected any improvement in that area, maybe because of the emphasis and because some of these things, to use a cliche, have kind of come out of the closet?

Mrs. LANDSDOWN. Yes; I have seen some improvement, but I feel that there is still room for more improvement.

Mr. ERDAHL. Thanks to both of you for your help and for your testimony. I have no further questions.

Mr. MURPHY. Congressman George Miller of California?

Mr. MILLER. Thank you, Mr. Chairman.

Mr. Lieber, the last few years have been rather difficult for the American family in terms, just alone, of economic stress and unemployment and trying to cope with inflation, finding out that a lot of things that maybe they thought were possible were not in fact possible, and circumstances have dramatically changed in a very short period of time.

I just wondered, is there any way you can relate this to people who are now finding whether there has been an increase or a decrease in this area, and can you tell us what has taken place that you can relate to economics?

Mr. LIEBER. Yes; we can. Economically, people find that that is just one more stress they can't tolerate. When you have lost considerable self-esteem, when you are not really sure whether you are going to be a good parent or not a good parent, whatever, and you lose your job, especially in the auto industry or other related industries, and you have lost your job permanently, you feel much less of a person, and normally the human being operates in the sense of having to take out that anguish on somebody. And usually children are the ones that anguish is taken out on, because they are small. Or if they are older, they really love you very much, you being their parent, and they don't really want to say anything that can make you feel any worse. They aren't going to run away, they aren't going to divorce you, they aren't going to do anything to get you in trouble; they are going to stay and take all that, all that upset you have got.

You don't want to yell at them, you don't want to hit them, and yet you do because there is something inside of you that says you are no good any more; you can't make it for your family. We have been seeing this more and more and more.

Ironically, we have been seeing it in families where the income is $50,000 to $75,000 a year, even $250,000 a year. There are all kinds of corporate pressures and all kinds of transiences in American families. Families are splitting up a bit more. This is an added stress.

We have received many, many more phone calls from persons in higher income echelons than we have ever received before. They

are worried. We are getting more calls from fathers who are having sexual abuse problems. They are affluent fathers. They are having problems internally. They do not know how to relate to their spouses, and all hell breaks loose in their families.

We know that when there is a sharp rise in the unemployment rate, the number of homicides of very small children starts to skyrocket. This happened in Los Angeles back in 1974, without looking at the income levels, and it has come up in many, many communities around the country. It is one of those things that happens. It is part and parcel of the whole picture, and sometimes we get into the situation after it is much too late. But, yes; it is totally relevant and definitely related.

Mr. MILLER. When there is a change in economics, this is something that is constantly written about in academic circles and sociological circles; this is in fact one of the spinoffs of a bad economy or high unemployment, and you start to see the abuse and the working out of those tensions within the family?

Mr. LIEBER. Right.

Mr. MILLER. That should be very helpful to us as we make other decisions in the Congress in the coming year as to their impact on these families.

Mrs. Landsdown, I will direct this to you.

Your remarks, hopefully, if they are read by others and heard by others, will have the desired impact, I think, by which to graphically display that if we don't treat these problems in the beginning, they don't go away, that we will see the problems of you, or your children, or your husband created time and time again, and that the causes will in fact dramatically escalate.

I very much appreciate your coming here and giving us your very candid and emotional testimony because I think it is very important. Unfortunately, just last year the same kind of testimony had to be given to the Appropriations Committee on sexually abused children to get them to understand that in fact it did happen in all strains of the American family.

The statistics continue to leap out at you, especially when you are in the Congress, because it happens in one in four families or one in six families. Somehow it never happens in congressional families, so we are never able to identify with them apparently, but finally the Congress has started to recognize that problem and to appropriate money to your organization and others to try to come to grips with it, because we also know there is a very, very successful track record where families have been able to turn and find help.

The benefits that accrue to the Federal budget are simply a sidelight as compared to the benefits that accrue to the families and to the children in those families. So maybe that cycle can be broken. I really appreciate your coming in.

Mr. MURPHY. Thank you, Mr. Miller.

I want to add my compliment to Mr. Miller's compliment to you for having the courage to come in and testify before us this morning.

I understand, Mr. Lieber, that you have another family here?

Mr. LIEBER. Yes, Mr. Chairman. We are very pleased to have with us Noah Hutchison and his daughter, Lisa, who are involved

with Keesler Air Force Base in Biloxi, Miss. They have been instrumental in developing one of our parent groups down there, and Lisa has been very instrumental in developing one of our teenager programs throughout the country. This is the one which was featured recently on the CBS Saturday afternoon program, "30 Minutes."

They are here to give you some more information and perhaps instruct you as well.

Mr. MURPHY. Just before you leave the chair, Mr. Lieber, you state, as I understand it, that Parents Anonymous is supported by the appropriation under the authority of the Child Abuse Act?

Mr. LIEBER. We receive approximately 85 to 90 percent of our national budget, and we have 40 funded State organizations to whom we give half of our grant. So we only keep 50 percent, which means that we get private funds as well, and they receive moneys from both public and private sources within their own States.

Mr. MURPHY. Thank you.

Mr. LIEBER. Thank you.

STATEMENT OF NOAH HUTCHISON

Mr. MURPHY. Good morning, Mr. Hutchison. You may proceed.

Mr. HUTCHISON. I am Noah Hutchison. I am here to make my statement on child abuse as a concerned father and now grandfather and a volunteer Parents Anonymous member.

In October 1978, I abused my daughter, Lisa, by whipping her with a belt, which left bruises and other marks all over her back. This was not the first time I had abused her, but it has been the last.

Lisa has gotten tired of being hurt, and she was afraid I may kill her if I wouldn't stop. She reported me to her school counselor. The counselor then reported to the welfare office, and they called the police. I was arrested and directed to go to therapy, to the parenting class, and to Parents Anonymous.

Since my continuous involvement in Parents Anonymous, I feel it has been very significant in my rehabilitation and in my not abusing Lisa since. Lisa will tell you how PA has affected her as an abused child and now how it is helping her as a mother.

Mr. MURPHY. Thank you, Mr. Hutchison.

[The prepared statement of Noah Hutchison follows:]

PREPARED STATEMENT OF NOAH HUTCHISON

I am here as a reformed child abuser, a concerned father and now grandfather and volunter Parents Anonymous member.

In October of 1978, I abused my daughter, Lisa, by whipping her with a belt which left bruises and marks all over her back. This was not the first time I had abused her, but it has been the last.

Lisa got tired of being hurt, and she was afraid I may kill her if I was not stopped. She reported me to her school counselor. The counselor then reported it to the Welfare office and they called the police.

I was arrested, directed to therapy, to parenting class, and to Parents Anonymous. My involvement in PA has been very significant in my rehabilitation.

STATEMENT OF LISA HUTCHISON NECAISE

Mr. MURPHY. Lisa, you may proceed.

Mrs. NECAISE. My name is Lisa Necaise.

Mr. MURPHY. Do you want to pull the microphone closer to you, Lisa?

Mrs. NECAISE. Excuse me. I am a little nervous.

Mr. MURPHY. You don't have mike fright, do you?

Mrs. NECAISE. My name is Lisa Necaise, and I want to thank you for letting me be here today and tell you my testimony of what happened to me before and after PA.

Well, I lived in a home for 14 years where I was physically abused—me and my family—and in October 1978 my father beat me with a belt on my back and left severe bruises. And so the next day I went to school and told the public school counselor what happened, and I showed them my back and said I needed help. She contacted the welfare which contacted the police, and from there they arrested my father.

So from that point on I hated my father. I didn't want to see him any more, and I didn't want to hear from him or nothing.

So they told him to move out of the house, and he left and I stayed at home. And about 1 week later he started going to PA, so I figured, well, you know, he is trying to get help, you know, so I tried to help a little bit, too. So——

Mr. MURPHY. Don't be nervous.

Mrs. NECAISE. After that we went to a court hearing, and they asked me if I would rather—they gave me my choice, either to go into a foster home or live at home, so I told them I would try to go home because I knew my father was trying to get help and knew that he cared for me. So we tried it, and I noticed he was really changing, and that he really started to understand what I was feeling.

So after awhile he started going, and he completed the group, and he is still going. And he became the instructor up there, so I figured while he was getting help, I wanted to start a teen group myself, me and my friends. So we started one about January 17, 1979, I think, and we had about six or seven, mostly girls, that came once a week and sat there and talked about our families, our problems and things like that. And ever since then I really learned how to cope with my problems, and I can sit down and I can talk with my father, where before I couldn't; I was scared to death of him.

So I have a little boy now and I am married, and I am still going to the group and the group is teaching me to avoid like what my father did to keep me from hurting my child. And it has really helped me a lot.

If you cut the funding, how can other teenagers find out if there is help, while all they have to do is ask for it? And it is there for them if they need it. So if it wasn't for PA, I don't know where my life would be today. So thank you.

[The prepared statement of Lisa Hutchison Necaise follows:]

PREPARED STATEMENT OF LISA HUTCHISON NECAISE

I lived in a home where physical abuse was common for me until the age of 14. My father had used physical force to punish me my entire life until October of 1978 when I finally went to school authorities with bruises on my back, kidney area, buttocks and legs. In October of 1978 I was beaten by my father because he became angry at me for being reported for smoking by a friend's father. I was beaten with a belt across the back until I was bruised up and down my back. I was scared and very disturbed. I hated my father at the time for doing this to me. I felt that the

only people I could speak to were my friends who told me to go to the school counselor. I also was very angry at my mother for not having stopped my father from beating me in times past. I just wanted to get some help for me and my sister before something really serious happened. My counselor called the Welfare and they got ahold of the police. From there they arrested my father. At this point I hated him. I wanted my mother to divorce my father and I never wanted to see him again. In fact, I was so angry at him I just wanted him put in jail. After about 2 months, during which time my father was in counseling, and PA. I began to realize that he was changing. I no longer wanted him to leave or go to jail, but I realized that he was getting all the help. I had come to a point that I could confront him with this. This was about January 1979 and about the time he was going to Family Court. My father suggested that I start a Parents Anonymous Teen Group for myself and any of my friends who wanted to join me. I did this and we started a group on January 17th, 1979. After being in the group for awhile, I found that I was able to talk with my parents and most importantly, my family was doing things together more; we were talking together without fighting.

Before I went to the Teen Group I was very frustrated at myself and everybody else. I found myself to often times being depressed and had considered suicide after the October 1978 incident. Since being in the Group, I have learned how to solve my problems without getting upset or depressed. I can talk to my family and really enjoy myself. Now that I have a child I understand even more how the things taught in the Teen Group have helped me a lot. I've learned how to control my feelings toward my child. I feel that the Parents Anonymous Teen Group has helped me avoid acting the way my father did. I came forward and told my story on National Television to let other teenagers know that there is help out there and that all you have to do it ask for it.

Mr. MURPHY. Mr. Miller?

Mr. MILLER. Thank you, Mr. Chairman.

Lisa, you started participating in the teen group along with other young women who had been abused? Correct?

[Mrs. Necaise nodding head.]

Mr. MILLER. How many of those young women were still living at home as a result of that group, do you know?

Mrs. NECAISE. They were all living at home.

Mr. MILLER. They were all living at home?

Mrs. NECAISE. Yes.

Mr. MILLER. Mr. Hutchison, your involvement in Parents Anonymous, has that given to you a choice or an alternative to being incarcerated?

Mr. HUTCHISON. Yes, it was given to me as a choice. I was ordered under the attempt for 6 months. I have now been in the group for a little over 2 years and have been a chairperson of the group and counsellor for about that, 2 years.

Mr. MILLER. If you had not joined Parents Anonymous, would you have been in jail?

Mr. HUTCHISON. Yes sir; I was facing 2 years in Federal prison, plus dishonorable discharge from the Air Force.

Mr. MILLER. You have been able to keep your employment?

Mr. HUTCHISON. Yes sir.

Mr. MILLER. In the group which you lead, which is composed of parents who have abused another member of the family, how many of those families are still together?

Mr. HUTCHISON. Sir, every one that is in the group now. Out of a total of six members or six families, there has been four of them who have had their children placed in foster homes, but the children have now been placed back with them.

Mr. MILLER. With the family?

Mr. HUTCHISON. Yes sir. And this has all occurred within the past 6 months.

Mr. MILLER. In the teenage group, Lisa, is that a similar pattern, that perhaps the young women were taken away from the family for a short period of time and then returned to the family after counseling started on both sides; or did they stay in the family?

Mrs. NECAISE. They stayed in the family.

Mr. MILLER. What was the situation with the mothers in the family? Did they remain there, or have they left; do you know—in most of the families you encountered?

Mr. HUTCHISON. Sir, they have all remained.

Mr. MILLER. They have all remained?

Mr. HUTCHISON. Yes, sir.

Mr. MILLER. Is that so in your group, also?

Mrs. NECAISE. Yes, sir.

Mr. MILLER. Thank you very much. Again, I just think that the record is so clear with this organization—and with similar organizations—that at a time when families are splitting apart at the center all over the country you are able to take families with this serious problem of physical abuse and sexual abuse of one another, and with some help you are able to allow the family to come back together and to live together and to start over. We have seen this time and time again.

If any of you have visited these programs, a rather remarkable effort is taking place in terms of allowing people to put their lives back together over a long period of time.

Thank you very much, Lisa, and Mr. Hutchison, for coming here.

Mr. HUTCHISON. Thank you.

Mr. MURPHY. Mr. Erdahl.

Mr. ERDAHL. Thank you, Mr. Chairman.

Mr. Hutchison, you have come out of a military background and apparently have had dealings with others in the military. Do you think that the stresses there and the separations, and some of the things that come out of the military, perhaps cause a greater problem within that group than in the civilian population?

Mr. HUTCHISON. Sir, the only thing I have to base my opinion on is watching the local news programs, and the local news programs are showing as much child abuse in the civilian community as there is in the military service.

Mr. ERDAHL. All right; I will ask you this, if you care to respond to it. As you listened to the testimony of Mrs. Landsdown saying it is something of a pattern that goes through the generations—again I don't expect an answer—is this a situation where this is something you experienced as a child where the lady before you said it went back a second generation that she knew of?

Mr. HUTCHISON. Sir, I can remember back to my own father, that if we didn't do what he wanted, I remember being whipped with a rope, with a hand saw, or a clipboard. This included belts and this type of stuff. He is the one that taught me how to be a parent. That is the only thing I knew to go on until I got into Parents Anonymous and was a parent in class and found there were other ways of dealing with children that did not require me to use physical abuse on them.

Mr. ERDAHL. If I could follow up on that question, Lisa, you said you have a little boy and—obviously I don't want to put words in your mouth—you want to see that he has a secure home, love, and

all the rest. Do you feel the teen group you were affiliated with, or the fact that your father sought help from Parents Anonymous, enables you to cooperate better with some of the stresses that sometimes parents experience that come to every parent at one time or another?

Mrs. NECAISE. Yes.

Mr. ERDAHL. You feel that is helpful?

Mrs. NECAISE. Yes.

Mr. ERDAHL. Thank you. I have no other questions, Mr. Chairman, except to thank the witnesses for coming before us, which takes courage to come before us and before the cameras. As Mr. Miller said, we need your help.

Mr. MURPHY. I have one final question. How many years did the abuse go on? How many years did your father abuse you?

Mrs. NECAISE. Fourteen. Fourteen years.

Mr. MURPHY. As long as you remember?

Mrs. NECAISE. Yes.

Mr. MURPHY. How do you feel about him today?

Mrs. NECAISE. I love him to death.

Mr. MURPHY. You love him to death. All right. Thank you very much. You both have a great deal of courage to help us by testifying.

Mr. HUTCHISON. Thank you, sir.

Mr. MURPHY. All right, we have a second panel: Elizabeth Elmer, Ann Wolbert Burgess, James T. Kent, and Howard Davidson. For those of you who have statements, all of those statements are being made a part of the record and will be included in toto. If you could therefore summarize the comments you have so members may ask questions, I think it will be more helpful. Which one of you would like to proceed first?

Ms. Elmer, would you like to proceed.

STATEMENT OF ELIZABETH ELMER, DIRECTOR, RESEARCH AND TRAINING, PARENTAL STRESS CENTER, PITTSBURGH, PA.

Ms. ELMER. Thank you.

My name is Elizabeth Elmer and I am director of research and training at the Parental Stress Center in Pittsburgh, Pa. In addition I have an academic title, associate professor of child psychiatry, social work, School of Medicine, University of Pittsburgh; and I am on the executive board of the National Committee for Prevention of Child Abuse, a private voluntary organization.

I appreciate the opportunity to testify before this committee on behalf of the reauthorization of the National Center on Child Abuse and Neglect. My testimony will be divided into three parts:

One, the gravity of the still unsolved problems related to child abuse and neglect;

Two, some of the effects of the National Center on Child Abuse and Neglect; and

Three, the probable results of turning back to the States all responsibility for this national shame, child abuse and neglect.

Unlike Mr. Lieber, I do feel that research is urgent, and continued research in this whole problem is important because of the unsolved problems.

I would like to mention that about 1 year ago in our Parental Stress Center, which takes in infants from about 2 weeks of age to around 1 year who are abused or high risk for abuse, we had a little girl who was in our program for several months and was returned home with our consent, entered our day care with the family, seemed to be doing very well, left one night with her mother, who also was doing well, was admitted to a local hospital on Sunday night with a severe beating and died that night.

This represents, outside of the terrible thing of having a child die like this, the problem that it illustrates of how does one tell when a child is safe to return to an abusive family? We don't know about that yet.

A second question is, why is the success rate countrywide only about 50 percent for the treatment of abusive parents?

A third question concerns the children. How does one overcome the effects of abuse on the child? It is very doubtful in my mind that any of these questions would be answered if the National Center funds were included in a block grant that the State would administer.

I would like to proceed to some of the effects of the National Center. To understand what has happened, I think one has to go back to the period around 1960 or so.

I was in the business at that time. I was making studies of child abuse, and there was a great flurry of excitement when Henry Kempe wrote his article concerning "The Battered Child Syndrome." This was a phrase that caught the attention of the public and focused the attention on abuse and neglect.

The Children's Bureau drew up model legislation for the mandatory reporting of abused children, and all the States jumped on this very quickly, so that by 1967 every State had some kind of law concerning the reporting of abused children. However, nothing went with the legislation. There was no money to improve the training of the workers. There was no money to expand the number of workers. There was no money to think of other kinds of programs, so that for a long while the doldrums were what you saw. There was no money, no interest, no anything until the National Center came into the picture.

At that time from my vantage point I would say that the results were electric. There began to be all kinds of new ideas and new programs. The training of workers was stimulated, and, furthermore, the National Center stimulated private groups to do things.

For example, the American Humane Association has had statewide programs to train protective service workers in many of the States, and I think this would not have happened without the stimulation of the Center.

The Urban Rural Service Administration has also developed training programs for different professions.

I should speak a little bit about the National Committee for the Prevention of Child Abuse, of which I am a member and an officer. Without the stimulation of the Center this would not have started.

Like Mr. Lieber's group, Parents Anonymous, this organization also has State chapters which carry out preventive projects, and I think what you see is the Federal and the private sector coming together in a very productive way so that the amount of money

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invested has multiplied many times over in its effect on the families.

There are a couple of other things. We do know by means of our research that children do not necessarily improve when the parents are treated, even though the parents may improve. Children apparently need special measures of their own.

The second fact that we know is that the treatment of abusers is extremely difficult and very often is not successful. So that I think we have to go to the whole idea of prevention, and that is where the National Center is going. Based upon the knowledge that has been accumulated over the last few years, there is quite a bit known about crisis periods during life when a little help means a great deal to parents.

One of these crisis periods is the birth of a baby. I think Mrs. Landsdown's testimony demonstrates for one thing that the birth of a baby, and repeated births over a short period of time, can be extremely stressful, so that many programs are beginning to fit into place around the birth of a baby.

Now, I think that is only one example, but I do think that if the program were to be swallowed up in the State program, there would be very little prevention. The whole impetus toward eliminating—and that is what we want to do: Eliminate—child abuse would be dissipated or diluted, and I have no reason to believe the States would be any more generous to children now than they were 15 years ago when obviously there was not much happening about abuse.

I think the other thing that we have to think about is that among the millions of abused children who will suffer along when they are little, when they get to be adolescent or a little older, their pent-up anger is going to break forth, and we are going to see a lot more of the crime and delinquency that we now fear a great deal.

So I would urgently request that we keep the Center as it is—if necessary, reduce the money, but I hope by not too much. Thank you.

Mr. MURPHY. All right. Thank you.

[The prepared statement of Elizabeth Elmer follows:]

PREPARED STATEMENT OF ELIZABETH ELMER, DIRECTOR, RESEARCH AND TRAINING, PARENTAL STRESS CENTER, PITTSBURGH, PA.

My name is Elizabeth Elmer and I am Director of Research and Training at the Parental Stress Center in Pittsburgh, Pennsylvania. In addition I have an academic title, Associate Professor of Child Psychiatry (Social Work), School of Medicine, University of Pittsburgh; and I am on the Executive Board of the National Committee for Prevention of Child Abuse, a private voluntary organization.

I appreciate the opportunity to testify before this committee on behalf of the re-authorization of the National Center on Child Abuse and Neglect. My testimony will be divided into three parts: 1) the gravity of the still unsolved problems related to child abuse and neglect; 2) some of the effects of the National Center on Child Abuse and Neglect; and 3) the probable results of turning back to the states all responsibility for this national shame, child abuse and neglect.

1) UNSOLVED PROBLEMS

The word is going around that it makes sense to disband the National Center and leave the responsibility for abuse and neglect to the individual states because, it is said, most of the problems have been solved and the only job now is to carry on what has already been started. To me, this is a misrepresentation of the facts. I would like to tell you about Brenda, age 3 months, who was admitted last year to our small residential program for abused infants, the Parental Stress Center. When Brenda came to the attention of the child protective service, she had several facial bruises that were thought to be the result of assault by her caretakers.

The goal of the Parental Stress Center is to protect the infant while encouraging the parent to visit daily and take care of the child. Staff of the Stress Center provide a range of services to parents and also help parents understand the child's needs. The opportunity to observe many repeated mother-baby interactions gives our staff an excellent method of assessing what is going on in the family in relation to the baby.

Brenda's mother came regularly to the Center and tried her best to learn about the baby's responses. She had the opportunity to feed, play with, bathe the baby--all the things that most mothers take for granted.

The father appeared only sporadically. However, he did not oppose the treatment plan, and he was at least moderately supportive of his wife.

At the end of approximately three months, the Parental Stress Center staff, following consultation with experts in child psychiatry and psychology, recommended to the court that the child return home and that the family, along with Brenda, be encouraged to attend our day care program. The court followed these recommendations and the family did indeed begin attending our day care program. Although progress was slow at first, within a few weeks we saw steady improvement. In particular

Brenda became more responsive, began to babble more and to respond to the people around her. The mother had also begun to blossom a bit: she was more relaxed with staff and gave evidence of increasing enjoyment of Brenda. The staff felt most encouraged about the growing improvements and congratulated themselves on a job well done.

One Friday evening about two months after starting the day care program, Brenda and her mother left for home after an especially pleasant day. The next Monday morning we had a call from one of our local hospitals. Brenda had been brought to the hospital around eight o'clock on Sunday evening. She had been grievously beaten and had suffered various fractures, damage to her liver and spleen, and possibly a retinal hemorrage. She died around ten o'clock the same evening. The authorities judged that the father had committed the assault but the case has never been satisfactorily concluded.

Brenda's case illustrates some of the very serious unsolved problems that must be tackled: When is it possible to reunite an abused child with the family without running the risk of further injury or death? Why is the country-wide success rate of treatment only 50%? Are there families who simply cannot be treated by methods currently known to the field?

Other questions concern the outcome for abused children: Can the effects of abuse be overcome, i.e. will abused children be able to learn, to form stable relationships, to hold rewarding jobs, to attain ordinary satisfactions in life? Will they become abusive parents? What kind of community supports can be instituted to supplement a child's tie to fragile parents? - Surely, we have not solved most of the major problems related to this phenomenon of present-day society. It seems to me that leadership on the federal level is crucial if we are to tackle some of these tortuous dilemmas.

2) EFFECTS OF THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

To gauge the importance of the National Center, a look backwards is in order. My first work in child abuse began in the late 1950's. At that time there were no mandatory reporting laws, no National Center, no public child protective services, at least in Allegheny County. Professionals refused to believe that parents actually would assault their own offspring. Instead, children's injuries were attributed to exotic diseases or to fragile bones. Eventually, Dr. Henry Kempe and colleagues stirred the emotions of the public by describing "the battered child syndrome." The Children's Bureau soon drew up model legislation requiring reporting of suspected abuse. The states rapidly took up the banner and passed mandatory reporting laws. By 1967 all had jumped on the band wagon: abuse was supposed to be fully reported in every jurisdiction, and many thought the problem had been conquered.

However, to accompany the mandatory reports there was no

provision for the training of staff or for additional services. Although we had a way of accumulating cases, we had no resources for them beyond what had existed for some years. For some individuals and groups this was an unsatisfactory state of affairs but we muddled along without much improvement in training, services, research, or knowledge.

It was not until 1974 that the Child Abuse Prevention and Treatment Act (PL 93-247) passed the Congress. The effects of federal leadership were almost electric. There was encouragement to gather data concerning incidence, to ferret out the characteristics of abusive parents, to assess the effects of abuse on children. New concepts emerged, for example the use of the paraprofessional as a needed support for abusive parents and the interdisciplinary method of assessment and treatment. The rights of children with respect to the rights of parents began to be an important subject of debate among legal and philosophical circles, to say nothing of social agencies.

One of the most salutary results of having a National Center focused on abuse and neglect has been the effect on protective services. Certainly, protective services are a long way from having enough fully qualified staff to meet the incessant demands upon them. Nevertheless, the public has begun to realize that society requires protective workers to make life and death decisions, yet provides them with the most wretched kind of training. With the leadership of the National Center, we have seen a wide development of training programs for protective service workers. For example, the Children's Division of the American Humane has conducted a number of intensive state-wide training programs. Other groups such as URSA (The Urban Rural Service Administration) have developed training curricula divided into modules specifically geared to various professions, including protective services workers. In our own Parental Stress Center, we developed, implemented, and evaluated a training program for all the public health nurses in the state of Pennsylvania.

The mere existence of a federal program has been tremendously important to the private sector with respect to child abuse and neglect. The National Committee for Prevention of Child Abuse is a private volunteer organization which, until recently, had almost no federal money. However, the interest and stimulation provided by the federal program encouraged the formation of the National Committee; this led to the development of 18 state chapters, all active in various phases of preventive activities. Another volunteer program, Parents Anonymous, has proven a most valuable source of help to parents. Thus the public program has had a direct effect on private volunteer organizations which can function in ways not available to federal agencies. It can be truly stated that the National Center is the catalyst for a variety of activities bearing on the problem of child abuse. These include development and demonstration programs, research efforts, voluntary preventive efforts, etc.

The National Center provides a focus for the exchange of information and new techniques through a series of Regional Resource Centers plus the Washington Clearinghouse. The National Center has had an unswerving goal to disseminate information as fast as possible.

The rapid dissemination and exchange of data has established some facts which are generally accepted among the professional community concerned with abuse.* Two such facts are important for legislators concerned with re-authorization of the National Center:

1) Children do not improve simply because their parents improve by means of treatment, whether treatment be counseling, advocacy, group work, etc.

2) The treatment of abusers is extremely difficult; some families will never be able to raise children successfully. (As previously noted, the improvement rate among a wide variety of agencies treating child abuse is only about fifty percent.)

This lights up in huge letters the idea that prevention of child abuse is vitally important. Here again the National Center has been in the forefront. Preventive projects have been on their priority list for at least two years; additional projects are due to be funded in the near future, provided appropriations are available. The National Center has thus shown the ability to act on new knowledge as it becomes available, promoting and facilitating worthwhile prevention efforts.

3) PROBABLE RESULTS OF RETURNING CHILD ABUSE ACTIVITIES TO THE STATE

Should the National Center be dismantled and its functions turned over to the states, there is almost no likelihood that preventive projects would continue to be funded. Recall the doldrums that existed between 1967, the date when all states had acquired mandatory reporting laws, and 1974, the date of passage of PL 93-247. There is little reason to believe that the states would be more generous now to abused children and abusive families than they were twelve or fifteen years ago when they had considerably more money. I would anticipate that states would again be overwhelmed with the volume of sheer investigation. The wheels would turn, the cases would be poured in and poured out, there would be little gain of knowledge and practically no research. It would be truly shameful to throw away the progress already made by eliminating one of the principal factors in that progress.

*Appended to this document is a list of facts pertaining to child abuse and neglect, developed by J. Garbarino, Ph.D.

One last word. The National Center on Child Abuse and Neglect is a very small program with a staff numbering not more than a couple of dozen. It is not a service-oriented program that is taking on the normal functions of state and local agencies; instead the Center should be seen as a facilitator. Its function is to spotlight problems, to stimulate and coordinate efforts to solve those problems, and to support the development of services by other public and private groups.

Without such leadership, millions of abused children will suffer in silent desperation until they reach young adulthood. At that point, thousands will begin to vent their pent-up anger in the form of delinquent and criminal behavior. You and I will bolt our doors and shiver in our houses. And so I say to you, ladies and gentlemen, that government must not battle the economy by diminishing its resources for children.

January 1981

"What We Know About Child Maltreatment"

What have we learned about child maltreatment? A survey of fourteen nationally recognized experts* (most of whom have conducted original research on the topic) revealed that we are making some progress, but that major questions remain unanswered. The studies of child maltreatment now number in the hundreds, and the specific findings in the thousands. But the number of established general "facts" remains small. The panel of experts suggest the following as facts established by research evidence.

- Much of the confusion and uncertainty in studying, legislating against, treating, and preventing child maltreatment derives from the variety and lack of precision in the definitions used in research, policy, law and practice. Thus, for example, estimates of the incidence of child maltreatment range from the tens of thousands if only life threatening assault and total failure to offer care are used as criteria, to the millions if we define maltreatment as any form of damaging treatment (emotional, sexual, educational or physical). Also, preliminary studies of adolescent victims of maltreatment (approximately 25 percent of the total number of reported cases) suggest the causes, correlates and consequences probably are somewhat different from cases involving children.

Even given the problem of definition, however, we do know something about the factors that contribute to child maltreatment.

*Jay Belsky (Pennsylvania State University), Robert Burgess (Pennsylvania State University), Anne Cohn (National Committee for the Prevention of Child Abuse), Elizabeth Elmer (Parental Stress Center), Robert Friedman (Florida Mental Health Institute), James Garbarino (Pennsylvania State University), Richard Gelles (University of Rhode Island), Ray Helfer (Michigan State University), Roy Herrenkohl (Lehigh University), James Kent (The Children's Institute), Michael Lauderdale (The University of Texas), Harold Martin (University of Colorado Health Sciences Center), Eli Newberger (The Children's Hospital Medical Center), and Michael Wald (Stanford University Law School). James Garbarino served as coordinator and is responsible for the text of this statement.

- Low income and other aspects of social stress are associated with higher rates of child maltreatment. This relationship appears stronger with respect to infants and young children than with adolescents.
- Some cultures, societies, and communities have more child maltreatment than others. Economic pressure, values concerning the role of the child in the family, attitudes about the use of physical punishment, and the degree of social support for parents seem to account for these differences.
- Social isolation is associated with a greater likelihood of child maltreatment.
- Personal characteristics of parents (e.g., untimely childbearing, physical illness and poor ability to empathize) and children (e.g., aversive crying and unresponsiveness) can substantially increase the likelihood of child maltreatment, particularly when social stress and social isolation characterize the family.
- A history of maltreatment in the parent's background increases the likelihood of child maltreatment, as does the contemporary presence of inter-spousal violence.
- Families involved in child maltreatment tend to exhibit a pattern of day-to-day interaction characterized by low level of social exchange, low responsiveness to positive behavior and high responsiveness to negative behavior.
- Poor general coping skills and parenting skills (beyond those directly involved in discipline) play a significant role in child maltreatment.
- Mental illness plays a very small overall role in child maltreatment.

Based on analyses of community responses to child maltreatment, we know that:

- It is very difficult if not impossible to identify reliably, before the fact, families that will mistreat their children. Predicting the degree of risk is possible, however, based on the known correlates of maltreatment.
- Most community responses to specific cases of maltreatment have been ineffective:
    - To reduce risks to the youngster, protective services should hold as their foremost goal an adequate permanent family placement for the child. This means preventing removal, if possible, by offering supportive and therapeutic services to the family sufficient to protect the child and improve family functioning. If removal is necessary, a realistic decision should be reached quickly regarding permanent placement of the child. If the goal is returning the child to the family, then the family should remain in contact with the child in foster care, and rehabilitative services should be offered. If the child is to be permanently separated from the family, the child should be placed in a new permanent home as soon as possible.
    - Conventional casework approaches typically result in a 50 percent recidivism rate (at best). Some innovative and resource laden programs report very low recidivism rates with selected clientele, however.
    - Interdisciplinary teams for case management and development of community services are best. Paraprofessional and volunteer staff can provide effective social support and concrete aid in meeting day-to-day problems. Comprehensive implementation of high quality programs dependent upon heavy involvement of

professional staff exceeds current and projected levels of fiscal resources devoted to protective services. Using paraprofessionals and volunteers is highly cost effective under most circumstances.

- Nearly all current treatment addresses parents. Exclusive treatment of parents does not appear to reverse damage to children. Children generally receive no treatment at all, and may even be harmed by outside intervention that places them in foster care or institutional care that is often traumatic in its own right. Even if the initial placement is benign, the risk of repeated placements is high and a matter of great concern. The issues involved in serving adolescent victims differ somewhat from those involved in serving the needs of children. Resolving custody issues and dealing with negative behavior appear to be greater problems with adolescents.
- Prevention remains largely unexplored, but preliminary results document its potency and cost-effectiveness (e.g., family-centered childbirth).

We know that child maltreatment and the family environments associated with it pose a clear and present developmental danger to the children involved.

- Specific acts of maltreatment produce acute and chronic medical problems that impair growth and development.
- Even if specific acts of abuse are not present, growing up in a family at high risk for maltreatment is associated with developmental damage.
- Children who experience maltreatment may be at substantially increased risk for later delinquency, psychiatric disorders, school failure, self-destructive behavior, domestic violence and sexual dysfunction, depending upon the nature, age of onset, duration and family climate of the

maltreatment. Existing research does not include sufficient large scale, longitudinal and well-controlled studies to permit a definitive conclusion about the precise effects of maltreatment, however.

In short, we know that we are facing a complex problem that requires a wide range of strategies and techniques in the areas of research, public policy and social services. No simple analysis or response is sufficient.

James Garbarino, Ph.D.

Mr. MURPHY. The next witness on the panel is Dr. Ann Burgess.

STATEMENT OF ANN WOLBERT BURGESS, PROFESSOR AND DIRECTOR, NURSING RESEARCH, BOSTON UNIVERSITY SCHOOL OF NURSING

Ms. BURGESS. I am Ann Burgess. I am director of nursing research and dean ad interim at Boston University School of Nursing. I very much appreciate being invited to present testimony for the following reasons:

First, the after effects of child abuse and neglect trauma generally create more complex problems as the child develops into young adulthood.

Second, the clinical data that we have been gathering over an 8-year period in Boston is pointing to the fact that sexual victimization indicates the potential that former victims will become aggressors and/or victimizers themselves as adults without intervention.

Third, that violence is a major public health problem in society and we should pay careful attention to that.

My work in sexual abuse of children is a second forum to what we have heard presented today, and I would like to address the use of children in pornography as a study area of a grant funded by the National Center. We have noted in Boston that children—and I am talking about preadolescent children—have been used in child sex rings, not by family members but by people very well known to the children and known to the family, people who stand in a power position over the child. We would argue that this is an equally important area to be concerned about.

We have defined a child sex ring as referring to a situation in which at least one offender is simultaneously involved with several victims all of whom are aware of each other's participation. In some situations the offender acts alone in regard to the children; in other cases you may have two adults involved. They will be involved not with each other, but parallel with the children. In still other cases we see a very well structured organization that has been formed involving the recruitment of children, the production of pornography, the delivery of direct sexual services, and the establishment of an extensive network of customers.

These various types of child sex rings may, depending on various factors, constitute different stages in the evolution of an organized or syndicated child prostitution ring, or they may remain only a loosely formed association.

I would like to give the six areas that we are studying in the project and then show you some of the material that we have in part of our research. The six areas that we are primarily interested in through this research grant from the National Center are:

What are the profile characteristics of the children, consumers, and the perpetrators in child pornography?

Second, what are the similarities and differences of organization and operation in the child pornography industry, and how do they get developed, implemented, and discovered? What are the levels of child and youth sex rings?

Third, what are the linkages between these levels of sex rings?

Fourth, what is the relationship of child pornography to other social problems such as substance abuse, violence, running away, juvenile delinquency, and other forms of child maltreatment?

Fifth, what is the victimization history of the children who are used in this manner?

Sixth, what is the background profile on the children used in pornography?

Now, to show you how important we believe it is for the Center to be taking a leading role in this, the way that this project is set up is to involve all Federal agencies that have some linking-in with this problem. That would involve Customs, Postal, and the FBI, because many of these rings cross State lines.

To show you how we have worked, and perhaps we can have the first slide, a case was referred to us by Postal Inspectors who knew of our project and were working with us. They didn't know what to do. They had seized this particular magazine, which is an imported child pornographic magazine. I have selected about five slides that do not show explicit detail just to get started, and then I will show some of those. But this is the Postal Inspectors case. They could not do anything more.

This was a 23-year-old college student whom they referred to us. He came in and told us of the sexually victimizing story that he had had from age 10 and 11. He had never been able to talk about the sexual abuse. He had seen counselors, and so forth, but had always felt this was very secret, and until he was apprehended by the Postal Inspectors, he had just kept this very, very secret.

In talking with him over about two or three sessions, we had serious concerns as to whether he had ever acted out many of the repressed and suppressed feelings that he had. He was immensely grateful to be able to talk about it, and I think this is one very clear example of being able to link in with another agency, get some assistance, and then to link him back into a mental health center again—a very cost-effective type of arrangement.

We could perhaps have the next slide. These are just some of the photos from this magazine, just to give you an idea of the type of photos.

These are little boys, prepubescent boys. Probably the majority of interest in the child sex rings is with little boys. That doesn't mean that little girls are also not used.

All right, the next set. Now the next set of slides will be from slides seized in one of the rings in which the pornographer has agreed to contribute what he can about the operation and organization. We are studying the children that have been involved over about a 4-year period in some of these rings. Perhaps we could see some of these. These are much more explicit.

This is the way the children are actually instructed to engage in sex. They do it on each other. You can notice by these slides the age of these boys. They are prepubescent. They do it first with the adult, and then they do it—that is an adult in that picture with the child. Some of these will be more difficult to see.

That is a beach scene. It becomes important as to what the scene is, whether this encourages the fantasy as well as the sexual aspect. Some of these are just going to be very difficult.

That is a scene with a prop in the background. This is just bathing suits. That can be a very erotic type of aspect for the pornographer. What it evidently means is that the people purchasing these will say what they want, and then the order is more or less made.

It is important to look at the faces of the children. There is the argument, well, how is this upsetting to children? We are looking very carefully at visual. You don't see children that are—they are posed. They are not, as some people would have you believe, actually, we don't think, enjoying it. Look at the expression, I think, on that youngster's face. That looks much more like a posed smile answering off-camera.

In this particular seizure there were 90,000—100,000—of these slides. This was his private collection. This was not a collection that he sold. There were movies. There were all kinds of pictures, and it just goes on and on. These are not necessarily different as you look at different materials that have been seized.

I think in closing I would like to say one other thing to show you how important having access to the various agencies is. We got a call from Michigan in which they were getting ready to make a raid on a schoolteacher that was known to have 25 to 30 children, and they wanted to be sure that there was mental health backup for the families. The families become very upset, as you can imagine. They have no knowledge that this is going on, so that the family as well as the child need some kind of followup. We were successful in having the FBI agent and the Postal agent who were going to be making the arrest get contact with the local Mental Health Center. We were able to talk with the psychologist and try to make some transition services provided.

In closing, I would like to say I think this is important that we develop networks and linkages with the agencies that are directly involved with this so that we can get services to the children.

Mr. MURPHY. Thank you, Doctor.

[The prepared statement of Ann Wolbert Burgess follows:]

PREPARED STATEMENT OF ANN WOLBERT BURGESS, PROFESSOR AND DIRECTOR OF NURSING RESEARCH, BOSTON UNIVERSITY SCHOOL OF NURSING

I appreciate being invited to present testimony to the House Subcommittee in strong support of the Reauthorization of Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 for the following reasons:

1. The after-effects of child abuse and neglect trauma generally create more complex problems as the child develops into young adulthood.
2. The clinical data on violence in the form of child abuse and sexual victimization indicates the potential that former victims will become aggressors and/or victimizers themselves as adults.
3. Violence is a major public health problem in America according to FBI uniform statistics.

The testimony will be divided into 3 parts: (1) statistics on child abuse, (2) clinical research data from the Boston sample and (3) current research in progress on child pornography and prostitution funded by the National Center on Child Abuse and Neglect.

CHILD ABUSE

Year of the Child

The past decade has seen a growing interest in studying and improving the quality of life for young people. It was the United Nations that designated 1979 as the International Year of the Child, calling it a year to expand efforts to provide positive advances in the health of children, and to establish a "framework for advocacy on behalf of children and for enhancing the awareness of the special needs of children." Each nation was to organize its own programs, and in the United States each state was left to its own devices.

Professional organizations have attempted to develop strategies for implementing the United Nations' declaration. The American Nurses Association held hearings in five major cities - Boston, Atlanta, Los Angeles, Chicago, and Washington, D.C. - and testimony was provided from a wide sector of citizens including nurses, physicians, mental health professionals, researchers, public health officials, law enforcement officers, parents, and young people.

Two messages become clear in reading the published reports: (1) Many states view themselves as child-oriented and child-loving. (2) There is increasing evidence that this is not necessarily a true reflection of the facts.

CURRENT STATISTICS ON HEALTH NEEDS OF YOUTHS

Health statistics over a 50-year period clearly identify changes in the causes of morbidity and mortality in children ages 1-4 and 5-14. Scientific advances in our knowledge of infectious diseases and gastrointestinal disorders have helped reduce major causes of morbidity and mortality. When compared to 1970 statistics, these rates are less than one-tenth of what they were in 1920. In contrast, accidents are now the leading cause of death among children in the 1-15 age range. Also, homicides are ranked fifth in both age groups.

Infectious diseases such as venereal disease - gonorrhea in particular - have reached epidemic proportions among young people. Childhood gonorrhea

infection of the throat, urethra, vagina, or rectum (often asymptomatic), according to physician Suzanne Sgroi (1977), is indicative that the child has been a victim of child sexual assault. In Massachusetts, teenagers now account for one in five of the 10,000 new cases of gonorrhea seen annually.

Although the birthrate in general is declining, teenage pregnancies have dramatically increased. The number of children born to girls under the age of fifteen has doubles since 1960. Married teenagers have the highest birthrate of all - twice that of married women in the 20-24 age bracket. And births to unmarried females have risen from 35 to 130 percent in the last quarter of the century (National Center for Health Statistics 1973).

Self-destructive behavior is increasing in both children and adolescents. Although statistics indicate that children complete only a small number of suicides in comparison with other age ranges of the population, suicide threats and attempts are frequent among children (Hatton, Valente, and Rink 1977). A second self-destructive area is the use of alcohol and/or drugs - a behavior that is also increasing in scope. A California study (American Nurses' Association 1979) found that among those adolescents in the study sample who committed suicide, 40-50 percent were abusing alcohol and/or drugs at the time of their death. And in a Delaware study (Kelleher 1979) of the suicides reported in 1975, more than one-third were alcohol-related among teenagers.

Accidents account for the highest number of fatalities to children. A totally unexplored area is the nature of nonaccidental deaths. For example, the incidence of arson is increasing nationally (Federal Bureau of Investigation 1976). A relatively unexplored area in the literature is the physical abuse of children receiving nonaccidental burns. Ayoub and Pfeifer (1979) conducted a study of children admitted with burns to a medical center in Tulsa, Oklahoma. Twenty-six children with burns received child abuse consultation for a one-year period. Of these 26 children, 7 were accidental with extreme neglect, and 5 appeared to have been inflicted, suggesting a 46 percent child abuse problem with burns.

Child sexual assault - forced as well as pressured sexual situations between adults and children - is increasing with regard to reporting. In 1968 Vincent DeFrancis (1969) in a study with the American Humane Association estimated a yearly incidence of about 40 per million. The number of cases seen at the Santa Clara County Child Sexual Abuse program in California suggests that the true incidence could be as high as 800 to 1000 per million (Giarretto 1976). The National Center for Child Abuse and Neglect estimates that the current annual incidence of sexual abuse of children in the United States is between 60,000 and 100,000 cases per year. In Boston, a six-month study of reported cases of sexual abuse, as compared with other abuse and neglect cases, indicated 4.6 percent of the cases were sexual abuse. In a city the size of Boston, it is estimated that about 40,000 children have been sexually victimized by incest before their sixteenth birthday (American Nurses Association 1979).

Sexual exploitation of children and youths involved in prostitution and pornography is harder to uncover due to the secrecy of the activity and the reluctance of the young people to turn to agencies for assistance. As Lloyd Martin, investigative officer in charge of the sexually exploited child unit in Los Angeles, testified at the American Nurses Association Kansas City hearings:

> We go out and look for victims. We don't wait for them to come to us because they don't. They don't complain...We have found that the children that are involved in these situations want out, but they don't know who to turn to....To me a crime against a child has no equal. (1977)

IDENTIFYING CHILD ABUSE

Scope of the Problem

Child abuse is reaching alarming proportions. It is not known whether the incidences of child abuse are actually increasing or whether the increasing numbers of abuse being reported are due to better recognition and reporting of the abuse. Whichever the reason, the spiraling increases are indicative of a national problem. It can no longer be called only a health problem because it affects the other professions of education, criminal justice, and social sciences as well. In 1977 Fontana noted that while the incidence of child abuse and neglect was increasing rapidly in some communities in the United States the majority of our professionals were not willing to recognize the existence of such parental misbehavior.

Both Jordan (1978) and Gray et al. (1977) state that about 300,000 cases of child abuse are reported annually. Of these 300,000 abused children, at least 60,000 sustain significant injuries, 6,000 suffer permanent brain damage, and 2000 die as a result of direct trauma or neglect. As of 1978, the number of child abuse cases in Florida had tripled over the past five years. In New York City between 1973 and 1976 the number of reported child abuse cases jumped from 18,000 to 30,000. New York City reports 83 children die each year from physical abuse. This is more than one child per week (Mundie 1977).

The repitition of child abuse adds yet another dimension to the scope of the problem.

Herrenkohl and colleagues (1979), in conducting their study of child abuse repetition, broke the percentage of repetition down into the number of times, the type of abuse, and the number of abusers.

The repetition of abuse is clearly seen as another angle of the child abuse problem. Until there is uniformity and complete reporting of any and all abuse, the total scope of the problem cannot be fully explored.

PART TWO

It has only been recently that sexual assault has become a serious focus for study. In 1972 when I started doing rape research with my Boston College colleague, Lynda Lytle Holmstrom, almost nothing was being said or done about rape as a problem. Little existed either in the scholarly or clinical literature, especially from the point of view of the victim. It has been interesting to watch this field expand as an area of study in such a short time period.

The Boston City Hospital project was designed as a nurse-to nurse referral service for victims of sexual assault. In the one year period that Dr. Holmstrom and I were on call to the emergency department, we saw 146 people - 109 adult women, 34 females under the age of 17 and 3 males under age 14. We did a joint initial interview at the hospital and then telephone follow-up. With those victims who entered the criminal justice system, we accompanied the victims to the courthouse and observed hearings and trials. We completed a follow-up study in 1978 and talked with over 88% of the rape victims. Our major findings specific to child sexual assault are summarized as follows.

1. Sexual assault includes three categories of victimization.

Rape is forced, violent sexual penetration against the victim's will and without the victim's consent. The trauma syndrome which develops from this attack or attempted attack includes an acute period of disruption of the victim's life style followed by a longer process of reorganization of the lifestyle.

Sex-stress situation is an anxiety reaction that results from the circumstances surrounding sexual activity to which both parties initially consented. The person for whom the sexual situation produces the most anxiety usually brings the matter to the attention of a professional, such as police officer or hospital staff member.

2. A rape attack creates an external crisis situation for the victim. In the acute phase following the attack the victim may experience many physical symptoms, especially gastrointestinal irritability, muscular tension, sleep pattern disturbances, genio-urinary discomfort, and a wide range of emotional reactions. The long-term process includes changes in lifestyle such as changing residence, seeking family and social network support, and dealing with repetitive nightmares and phobias.

3. Child sexual assault by family member involves a number of decisions following disclosure. From the child's point of view, it is important to understand the issue of lack of territorial safety and how the child coped; how outsiders learn and react to the information of the sexual assault; how relatives settle their feelings of divided loyalty. From the point of view of the family, it is important to understand who they tell about the sexual assault; the decisions made after telling an agency; how much say the child will have in the decision-making; and how family members divide their loyalty. From the point of view of the agency, it is important to understand how agency staff deal with child sexual assault; if and how they report the information to other authorities; the intervention models available for family members in terms of dealing with issues of motivational intent of the offender; impact of sexual trauma on the biopsychosocial structure of the child and the disruption in family relationships.

PART TWO: Impact Areas

Physician Suzanne Sgroi makes several key points in the introductory chapter to the book SEXUAL ASSAULT OF CHILDREN AND ADOLESCENTS, which focus on target concerns. She states that the sexual abuse of children is a crime that our society abhors in the abstract, but tolerates in reality. In defense of that intentionally provocative statement she challenges people to examine ways in which child protection issues in child sexual assault are addressed in the various states.

The criminal justice system--as an adversary system--is weighted against the child victim at every level. For example, few cases are pursued on the strength of evidence alone unless an adult family member is willing to press charges on behalf of the child. And yet we know that the scenario in many father/daughter incest cases is that mother will ally herself with the father and refuse to act as an advocate for the child in court by serving as a complainant against her husband. After charges are filed, the perpetrator is usually released on low bond pending trial. In no other criminal situation is the victim and offender placed in the same home together--a potentially volatile situation for the child. If the case proceeds, there are delays as well as requirements for the child to testify over and over. If by some chance there is a conviction, the penalties vary greatly from state to state. And the issue of treatment represents another target concern. We fail to link punishment to treatment and do nothing to change the offender so that after leaving prison he does not repeat his assaults on children again.

Victimology research cites the main areas that relate to target concerns for victims:

1. Multiple victimization. Victimization does not necessarily end with the departure of the assailant. The institutional processing that occurs can be as devastating as the assault itself. That is, victims may be additionally victimized by the manner in which people deal with the. This applies not only to those institutions that deal with victims (hospitals, police, and courts) but employers, peers and family.

2. Handicapped victims. There are some people who have a physical, emotional, mental or social condition that places them at a disadvantage in being able to manage not only the sexual assault but the various people they must encounter following the assault.

3. Incestuous child assault. Incest is a topic that is appearing more and more as a target concern for many communities. Not only is the incestuous situation traumatic to the child, but more than one child may be involved in the family, the offender may be sexually assaulting not only his own children but other neighborhood children; and the child may be being used for photographic purposes as well as sexual purposes.

4. Use of children in sex rings. A child sex ring refers to a situation in which at least one offender is simultaneously involved with several victims all of whom are aware of each other's participation. In some such situations the offender may act alone in regard to the victims. In other cases co-offenders may be involved, that is, two or more adults may be sexually active with the same group of children but typically these adults do not sexually interact with each other. Instead they have parallel sexual interests and involvements with the children. And in still other cases a well structured organization has been formed involving the recruitment of children, the production of pornography, the delivery of direct sexual services, and the establishment of an extensive network of customers. These various types of sex rings may, depending on various factors, constitute different stages in the evolution of an organized or syndicated child prostitution ring, or they may remain only a loosely formed association.

Impact issues in child molestation

Clinical observation of the children involved in sex ring crimes indicates that when an adult becomes sexually involved with a child there are risks of this involvement adversely affecting the child's development in a number of ways. The child is prematurely introduced into adult sexuality and may have difficulty synchronizing the physical, emotional, and psychological dimensions of this experience. The result may be that the child can perform physiologically but not respond emotionally in the sexual sphere and the sexual activity either becomes the only mode of emotional expression or becomes separated and completely isolated from feeling. The child may be programmed to use sex to acquire recognition, attention, and validation as well as to satisfy other non-sexual needs. The child may learn that sex is something that is basically improper and needs to be cloaked in secrecy. As the child matures he or she ultimately realizes that s/he has been betrayed by someone that was trusted and has been taken advantage of without regard for the impact such victimization can have.

An important issue is to assess the factor of social relationship and impact of betrayal. In incest, ther person whom the child looks to for care and protection, his or her parent, is in fact the child's victimizer. The parent expects and condones sexual services from the child. Similarly, in sex ring situations, an adult makes sexual demands of the child which his peers sanction and encourage. In both incest and sex ring victimization the sexual demands which are contingent for acceptance as part of the group (family or social peer membership) may promote the adoption of sexual prostitution as a way of coping with life demands as well as reflecting unresolved life issues in regard to the person's sexual development.

We also suspect that incest and sex initiation rings increase the risk for the next level of ring operation, youth prostitution. Incest victims and children of sex ring victimization have learned that sex involves an exchange process; thus, if money is needed, sex can be provided. The children have been used as sexual objects and thus are able to have other adults use them in this way. And sex is learned as a means to an end.

The following impact issues were identified from the Boston City Hospital sample:

a. Vulnerability to physical and psychological symptoms. Young victims are more prone to express their distress through physical and psychological means. The issue of school problems and the potential for a school phobia has already been discussed.

b. Conflict in feelings if the offender is a family member. The psychological issue of divided loyalty has been discussed. Careful attention to the feelings of the child are important for conflict resolution when the offender is known.

c. Relationship of secrecy and sexual activity. Sexual activity that occurs over a period of time usually means that the child has been pressured into secrecy. This enforced silence may have some relationship with later behavior in which the child seeks non-verbal ways of dealing with stress. Such ways as alcohol and drug abuse have been noted in adults with a history of early sexual trauma.

d. Surveillance issue. Children who have been pressured into secrecy over sexual activity often have been kept under surveillance by the adult authority figure. This enforced surveillance may have some relationship to the victim's feelings about her or himself.

e. Sexuality. There are several components to the issue of sexuality and how it relates to the young victim. The issues may be:
   1. premature introduction into adult sexuality
   2. learning sex in the service of non-sexual needs such as in the service for reward and approval
   3. pre-pubertal sexual activity is not experienced as adult sexuality.
   4. sexual activity is learned as a means to an end which is misinterpreted as an end in and of itself.

In summary, an important clinical question is: What happens to victims of sexual assault when they move from childhood into adulthood? There is a concern about the long-range effects of sexual victimization on both female and male children. Some of the possible outcomes of unresolved sexual trauma may be: traditional clinical symptoms such as depression; sexual dysfunction including sexual aversion; prostitution; and drug and/or alcohol use. Also, one of the outcomes may be that the former victim will become a sexual aggressor him or herself. The behavior that young children have been initiated or forced into, they may, in turn, do to others.

PART THREE Current Research on Use of Children in Pornography

This proposed study has three major aims: (1) to construct a survey questionnaire on exposure to or involvement in child pornography to be administered to various population groups; (2) to develop a classification system to categorize pornographic materials and to develop a typology of this material; and (3) to conduct research interviews with identified victims, offenders and family networks of child sex rings.

The use of children in pornography has increasingly become an issue of great concern to law enforcement, juvenile justice, medical, psychiatric, and social service systems. Additionally, the legislative bodies and public media, at both local and federal levels, have responded actively to the statistics revealing a significant rise in the incidence of disclosure of sex rings.

Thus in developing a research methodology, an interdisciplinary approach will be used since the study of children used in pornography involves people with skills and knowledge of victimology, law enforcement, the health sciences, psychology, criminology, communication transfer, business, economics and social services. The team approach will aim to examine data in order to increase our understanding of the dynamics of the behavior, what factors promote the behavior and to what extent the behavior impacts on the total life cycle and development.

Research Questions The specific questions to be addressed in this project have been derived from the current work in progress on child sexual victimization in general and child sex ring crimes in particular.

The six major areas of inquiry to be addressed include:

1. What are the profile characteristics of the children, consumers, and perpetrators in child pornography? Specifically what are the emotional, cognitive, social, and attitudinal characteristics of the people involved with child pornography as well as the circumstances and conditions associated with its promulgation?

2. What are the similarities and differences of organization and operation in the child pornography industry and how do they get developed, implemented and discovered? What are the levels of child and youth sex rings?

3. What are the linkages between levels of child and youth sex rings? What are the origins, prevention and remediation of these rings? Is there a subculture of child pornography and how do the linkages get developed: how do the perpetrators gain access to the children and continue the operation?

4. What is the relationship of child pornography to other social problems such as substance abuse, violence, running away, juvenile delinquency, and other forms of child maltreatment?

5. What is the victimization history of the children used in pornography? Have the children been additionally victimized through incest, juvenile prostitution? What proportion of this population constitutes sexual minority youth and is their gender identity and/or need for social services related to thekr victimization?

6. What is the background profile on children used in pornography? Are there particular avenues of entry points whereby children become involved in pornograpny? What are the family histories and/or significant relationships of these children and/or consumers of pornography?

Methodological Approach

People sympathetic to child victimization through pornography and prostitution--popularly termed 'kiddie porn'--have been labeled 'crusaders' by those not sympathetic to the issue. Crusaders are said to exaggerate their claims concerning what is known about the extent and nature of child pornography and prostitution. This project seeks to scientifically document and describe photographic and linguistic data seized by local, state and federal officials as well as analyze interviews with children involved in sex rings, the consumers of child pornography and the offenders with a view toward reducing harm suffered by victimized children.

The avenues to be used by this project to pursue the exploration of the research questions include the following:

1. To conduct an up-to-date literature search and assemble a bibliography on the use of children in pornography. There is a small knowledge base being developed on this subject. In the early 1960s Parker Rossman reports, 'I stumbled onto a problem which seems to be largely ignored by society and where scientific research is very deficient.' Rossman's work led him to explore the

world of the paderast, interviewing over 1,000 men and more than 300 boys.[37] Geiser, in 1979, tackles the issues of child pornography, obscenity, and prostitution in his book, Hidden Victims and in 1980, Leroy Schultz includes several reprinted articles in a section on the child sex industry in his book, the Sexual Victimology of Youth.

2. To gather together a group of clinicians, social scientists, and law enforcement people who can bring their direct experiences and/or research in the areaof child sexual victimization to bear on the problem of the use of children in pornography. The consultants on this project have agreed to contribute data already collected or on-going in the area of child sex rings and/or the use of children in pornography. The size of the grant, as stated in the Grant Guidelines is not sufficient to enable researchers to produce answers to the range of questic that could be generated on this subject. Thus, the appointment of the consultant team is hopefully to set the stage for future work on child pornography. The exploratory nature of this project is the develop a survey instrument that could be used on target populations involved in this problem. The analysis of intervie should also provide hypotheses for testing in a major data collecting study.

3. To convene a series of planned work conferences and work sessions to analyze the data contributed by the consultant team. Increasingly, child sex rings are being disclosed and discovered. Clinicians and law enforcement are often caught unprepared to deal with the children and/or their families. The need for consults to be available to assist agencies who can provide services is already upon us. The establishment of a consultation team will be the first step in this direction and the use of work conferences will be in the service of combining and sharing resources.

Data Sources

Two processes will be used to select and acquire data. First, the consultants have been carefully selected because they already have access to data which they have volunteered to contribute to the study. Second, follow-up data will collected from an existing on going study on levels of child sex rings.

Nature of the data. The data fall into the following categories and will bedescribed in the consultant's letter (see appendix).

1. The seized pornographic materials (e.g., 10,000 35mm slides and 30 8mm films) from a Massachusetts arrest involving a child pornographic distribution ring of international scope. Additionally, the consultant will be able to receive custody of additional materials depicting child bondage pornography at the conclusion of legal procedings.

2. The FBI file on the first prosecution of sexual exploitation of children under the 1977 statute. The principal investigator has a copy of 342 of the 350 page file.

3. Twenty-eight letter tapes of conversation between the Swing (an alias) case and a child sex ring operating in California.

4. Data from clinical interviews with a mid-west ring of about 40 adolescent boys aged 14 to 17 who were sexually involved with a 31 year old man.

5. Convicted sex offenders in Connecticut who manufactured and purchased child pornographic material: clinical interview data.

6. Correspondance with pedophiles in an undercover capacity and as a law

37 Roseman, Parker, 'The Paderasts,' Society 10 (3) (April 1973), pp. 29-35

enforcement officer.

7. Follow-up interviews with the children in the latter tape California case. Also, interviews with the paroled offender and his wife.

8. Follow-up interviews with defendants in a 1978 Boston youth prostitution ring (see paper by Burgess and Firnbaum).

9. Follow-up interviews with the children and families of 6 child ring cases in Boston (see [illegible] Burgess, Groth and McCausland [illegible]).

10. Clinical research interview with the Massachusetts case involving an international child pornographer.

11. Legal perspectives on the Boston cases from the prosector and defense counsel.

12. Postal inspector's perspective on the linkages between cases (i.e., the Massachusetts case and the west coast cases).

13.

Characteristics of the Sample Populations to be Used for Follow-up Interviews

Child Sex Rings. Six child rings were described in a prior presentation[39] involving 36 children ranging in age from 6 to 14. The children and their families are currently being followed for purposes of long-term analysis of reactions to the child sexual victimization. The characteristics of the rings are as follow

Ring 1. A 25-year old single man became sexually involved with five boys ages 6 to 9. A sixth boy, greatly favored and sought out continually by the offender, was suspected to have been involved with the ring also. The offender and his parents had recently moved into a small community housing project in which all the homes were single units, connected to each other, and facing a common courtyard. Of the 6 families, 4 children lived with their mother and the father absent from the home, one boy's father was dead, and one boy came from a family with both parents present. The sexual activity between the adult and the boys began the second day following this man's move into the neighborhood and continued over a 5 month period until disclosure. The offender had just been convicted, through plea-bargaining, of indecent assault and battery on two boys and been placed on probation and given a suspended sentence.

Ring 2: A 49-year old male school bus driver became sexually involved with five boys and two girls (two sets of a brother and a sister), ages 10-12. All five families had both parents present in the home. The parents were of working class status. The sexual activity with the children continued over a one-year period before disclosure. The offender had previously served time in prison on similar sex charges. At that time, it was determined on psychiatric examination that he was not a sexually dangerous person.

Ring 3: A 45-year old man became sexually involved with six prepubescent girls, ages 10-12. Of the six families, four girls were living with their mother and the father was absent from the home and two were living with both parents. All families were under economic stress with the majority of mothers working. The sexual activity continued more than a year and included photographs being taken of the girls. The offender had a previous record of criminal activity and was on parole while the ring was active.

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39 Burgess, Ann W., A. Nicholas Groth and Maureen McCausland, 'Child Sex Initiation Rings,' Am. J. Orthopsychiatry (forthcoming).

Ring 4. Two men, ages 33 and 23, became involved with seven males, ages 10-14. The 33 year old man was a divorced father of three children and the 23 year old single man was his companion. Both were boy scout leaders of a local community troop. Of the seven families, half of the families were working class status and half were middle class status. The sexual activity between the boys an the two men continued for a year's period before disclosure. Two of the seven boys denied any sexual contact but sufficient evidence is present to consider them suspected cases of sexual abuse

Ring 5: A 74-year-old widower became sexually involved with six prepubescent girls, ages 9-11 and including two sets of twins, ages 9. The offender was also the grandfather of one of the girls. The sexual activity continued over a six month period. Of the four families, one parent set was divorced and the remainder included both parents present in the home. The offender was known to the police to provide shelter to runaways. Children were seen frequently around his farm and he had been warned not to give the children beer and cigarettes.

Ring 6: A 33-year old single man, employed as a surveyor for a civil engineering firm, became sexually involved with four prepubescent boys, ages 9-13. In addition to his employment, the offender was a paramedic, a volunteer fireman, a judo and scuba diver instructor and a private pilot. His main interest, however, was as a boy scout leader and he was actively involved in scouting for ten years prior to his conviction.

California Child Sex Ring A 62 year old married grandfather, employed as a night watchman, became sexually involved with 9 females between the ages of 10 and 13. The girls were of mixed racial and religious backgrounds and were from lower middle class families. The group dynamics exhibited by the children could be evidenced by their taped comments which were mailed to the leader of the Swing case. This ring, while showing some signs of stress, due to the maturation of early members, was functioning successfully until mid-September, 19 when it was broken by the investigation of federal, state and local authorities.

Kentucky Child Sex Ring: A 38-year old physician became sexually involved with five boys ages 6-11 over a 6 month period. The situation came to the attention of the pastor and principal of the private day school that the boys attended. The children were from affluent parents. Charges were brought against the physician, leading to a two week trial and a conviction of 58 years. While the case was being appealed, the physician fled to Sweden; his family later joined him. The prosecutor flew to Sweden to have him extradited but the Swedish officials refused and the physician has given the University of Uppsala as his working address.

Youth Sex Ring: From December 1977 to December 1978, described by one Boston gay newspaper as the year of the witchhunt, Boston was the spotlight regarding a male youth prostitution ring. Earlier that year, the investigation of a child sex ring (ring #2) led an assistant district attorney and the Boston police to uncover a second generation of sex rings in the apartment of a man who had an extensive history of convictions for child molesting. Seized inthe search of the apartment were numerous photos of naked youths as well as pornographic films. Sixty-three of the youths were located and interviewed and 13 agreed to testify before a grand jury. From this testimony 24 men--many with professional or business credentials were indicted on counts of rape and abuse of a child.

Method of Analysis : Child Follow-up Data

Detailed clinical interview notes will be taken on all follow-up meetings with the children and their families. The same clinical staff will be used to make the follow-up contacts as have been working with the families since criminal charges were brought against an offender.

The data will be analyzed into self-report categories regarding recovery in the same manner as the follow-up study of rape victims.[39] The main areas of biopsychosocialsexual functioning will be addressed. In addition a modified Family Stress Form will be administered to each family to determine the type of stress and magnitude of the event experienced by the family over the intervening years.

The analysis will y au descriptive patterns that will be useful in determining the type of scientific measurement tools for future studies. The areas that require focused attention in the follow-up studies include observation of the following risks identified from the child sex ring victimization data:

a) premature introduction of the child into adult sexuality and subsequent difficulty in synchronizing the physical, emotional, and psychological dimensions of such an experience;

b) the programming of the child to use sex to acquire recognition, attention and validation as well as to satisfy other non-sexual needs;

c) the child learning that sex needs to be cloaked in secrecy;

d) the child is used as a sexual object;

e) an adult makes sexual demands of the child which his or her peers sanction and encourage;

f) prostitution may be learned as a way of coping with life demands; and

g) developmental lags occur because the child does not have sufficient time to achieve and master childhood tasks.

Method of Analysis: Syndicated Rings

Descriptive analysis of the materials seized (e.g., photohraphs, publications, correspondance, membership lists, and equipment); information gathered from the parties involved following arrest; and adjunct data from authorities involved, will be made in the following categories:

Organizing Structure:

a) Photographs--the degree of sexual explicitness, etc.

b) Circulation mechanism--the method(s) use to correspond with members in the syndicate;

c) Supoliers of photographs and films--the types of people who supply child pornography to the consumer market;

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39 Burgess, Ann W. and Lynda L. Holmstrom. Rape: Crisis and Recovery (Bowie, Md.: Robert J. Brady Co., 1979).

d) Self-regulating component--Because a syndicated child pornography operation does not have access to law enforcement in the settlement of disputes that arise in the conducting of business, a self-regulating mechanism must develop for the elimination of members guilty of actions deemed unfair to or against the best interests of the syndicate.

e) System of trades--Members of the syndicate may assist each other in finding items of interest to other collectors.

f) Financial aspect--The financial lure of pornography needs to be documented through comparison of prices between collectors.

Operating Structure

a) Time--Time is essential in the development of numerous contacts and extensive collections.

b) Storage space--Space is necessary for the involved record keeping system and cross filing process.

c) Fictitious identity--The threat of discovery encourages the use of fictitious names and identities.

d) Sexual preference for children--The collectors usually have a sexual preference for children (pedophile) or male youths (pederast)

e) Camraderie--The group feeling of camaraderie has been noted in collectors of child pornography.

Method of Analysis: Visual and linguistic Pornographic Materials

Three major objectives can be identified regarding the analysis of visual and/or linguistic pornographic materials:

1. Develop a coding system for visual and written materials in order to categorize the type and/or level of ring. The data should be useful to law enforcement officials and postal staff in profiling and investigating as well as apprehending.

2. Evaluate the visual materials of children in the scenes for more precise biopsychosocial details. This data will be of help to clinicians in identifying trauma effects.

3. Compare the various rings on specific variables for patterns as well as differences.

Methods of analysis would include some of the following:

a) Decision on unit of analysis (e.g., slide, letters, victim)

b) Developing a sampling schere from the 10,000 slides available from one ring.

c) Identify the potential variables to be used based on literature search, theoretical framework, and reliability and ease of measuring the variable.

Mr. MURPHY. Dr. Kent.

STATEMENT OF JAMES T. KENT, ASSOCIATE CLINICAL PROFESSOR OF PEDIATRICS AND PSYCHOLOGY, UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF MEDICINE; DIRECTOR OF CHILD AND FAMILY DEVELOPMENT PROGRAMS, CHILDREN'S INSTITUTE INTERNATIONAL, LOS ANGELES

Mr. KENT. Thank you. I see you have more witnesses than chairs this morning, which reminds me that if we had all of the abused children reported last year, you would have a half million people waiting to use these chairs.

I am Jim Kent. You have my official title there. I have been seeing abused families since about 1959.

Mr. Erdahl asked this morning what would happen to Betty Landsdown if she were trying to find services today. I can tell you what would happen to her in my State today in terms of dollars and cents. Betty was on welfare at that time, so that means that she would have had MediCal. MediCal would have authorized her to see me, or someone like me, twice a month, and she would have paid $27.50 for each of those visits. Betty would also have received a visit from a Children's Services worker. Considering their salary and their caseload, which is 50-plus families, she would have gotten about $30 worth of that social worker's time a month, for a total of about $85.

If she goes to a regional Mental Health Center, she has some State subsidies, and the value of those direct services goes up by about $100 to about $185. That would have been the amount of direct services of the State's commitment to keeping children in the home, and direct services to the kids and to Mrs. Landsdown.

If they had removed one of those children, they would have been willing to pay the foster parent $250 a month per child to keep the child out of the home with no direct services. It is a curious set of priorities we have, I think, in some of these cases.

I would like to direct my comments to two areas this morning. One is pre-NCCAN and the other is—I was going to say post-NCCAN; I don't really mean that. I mean after the first few years of operation of NCCAN, when NCCAN first came into the operation, we were working with a treatment model that really focused on strategies, methods of prevention, or prevent reabuse. These included psychotherapy directed toward the parents, social support services and advocacy, paraprofessional programs, lay therapy, parent aids, interdisciplinary teams, and self-help groups like Parents Anonymous, and so on. These were blended in different ways and different degrees of intensity, and different programs.

NCCAN funded two rounds of demonstration projects that looked into the effectiveness of these services. We found out a couple of things. One was that when these elements were blended together in the right degree and with the right kind of intensity, that you could reduce reabuse rates to as low as 5 percent.

We were also learning that conventional protective services programs, and conventional psychotherapy without a full range of support services led to much higher recidivism rates than in most cases, averaging well over 30 percent, and in some programs as

high as 50 percent. So we have learned about how and how not to prevent abuse.

The question arises: What happens to the children after the abuse stops? We have also learned in looking at the projects in these two rounds that recidivism was the major, almost the only, outcome measure for the families. Very few programs offer direct services to the children. The two programs, or the two rounds of demonstration programs together total over 40 programs. Fewer than 5 of them offer direct services to the children, apart from acute medical care.

These programs, indeed many of our child abuse treatment programs operate on a therapeutic model you can call a trickle-down model. It assumes that if parents can be helped to function more effectively as individuals and as couples, their child care scales will naturally improve. It is a common treatment method, common, I should say, treatment model in community Mental Health Centers which makes a lot of sense in child abuse and neglect populations for several reasons. I am not going to go into them this morning, but it was a model that had some face validity valuation, and we practiced it assiduously for many years.

Let us take a look at the kids for a moment to see how this method actually worked. Early studies of the abused kids really focused on the physical injuries, descriptions of physical injuries. Subsequent studies showed us that the kids were at risk: Depressed intellectual development, poor school performance, and a variety of emotional dysfunctions, poor peer relationships, aggressive episodes, withdrawal, delinquent behavior, and self-destructive behavior. It is a long list.

The conclusion from this list of studies and the effects of abuse or abuse-prone environments on children was that growing up in an abuse-prone environment tends to deform children and probably the adults that they will grow into, almost as surely as will any genetic abnormality.

What happens when we intervene? Data here is very scarce. You can find data showing the effects on children by intervention from four programs. Two-thirds of those programs in this country, by the way, were funded by NCCAN. Only one of those studies, with some methodology problems, of very mixed data, shows any positive results at all for the children. The other two longitudinal studies for which we have data showing the effects of intervention on kids, were fairly depressing with respect to outcome. Reabuse rates were knocked down to about 5 percent.

Both of those programs showed after 2 years of intervention the children, developing mentally, were not functioning any better than they were at intake. As a matter of fact, they tend to show a detriment in function compared to control groups.

The conclusion from this I think we need to draw is that the trickle-down model, even when effective in stopping reabuse, does not automatically improve the quality of life for the children.

The next question: Why doesn't it? From this I think we have to turn to studies of early child development by more basic science researchers. An interesting set of studies shows that infants who are exposed to something called—and these come from studies of separation/attachment—maternal rejection, or mothers who show

an aversion to contact with their children, begin to show by the 9th month of life a set of behaviors that include avoidance of the parents, aggression toward the parents, a negative affection, temper tantrums, basically becoming unattractive children, children who are more at risk getting bashed given the right kind of parent.

Another set of important studies funded by NCCAN picked up abusive parents prior to abuse. It was a study of high-risk parents with a control group which showed, interestingly about the same phenomena about the ninth month of life—the 9th to 12th month: a development of a constellation of behaviors that you could call the avoidance response or avoidance/abuse response in children. It looks like behaviors that are developed in children raised in abuse-prone, hostile, rejection environments.

Third: Another set of studies looked at abused kids in day-care settings, infants and toddlers abused in day-care settings, compared to control-group kids or nonabused kids, again showing the abused kids displaying much more aggression toward peer care givers, avoidance or ambivalent responses toward social bids, and insecurity—and, interestingly, unapathetic responses to the distress of other children and infants. What it elicits in some of these children is aggression.

Just recently, last year, another study was conducted with parents, abusive parents, showing the same kind of response, a lack of empathy or distress, in this case in films showing infants crying or other signs of infant distress.

The conclusion from this is that things start to go wrong early for these children, and they start to look remarkably like their parents: insecure, avoidance of social relationships, impulsively aggressive, and so on. I think our interventions have to be keyed toward altering parent-child interactions, and we need to direct intervention into that. How do we do it is not clear.

The task now before us: We need more direct services to children to remediate developmental and social dysfunctions. We need to find direct methods of altering parent responses, feelings, and perceptions. We made some beginning. All or none of these may prove effective. What is clear is that we must keep trying or watch these children grow into adolescents and adults with a high risk to be burdens on the society in which they live, if not actual enemies of it.

The role of the National Center in this: There are four points I want to make, and then I will finish. The first one is that they play an intangible role, a morale-builder role. Like Betty Elmer was saying about abusive families, before there was a National Center, there was a very small number of people, clinicians in the field and treatment programs involved with these families, and all of us had a kind of siege mentality. We definitely felt that we were mainly alone. We desperately had a siege the few times a year we could get together for a conference, or a meeting, or to talk on the phone.

NCCAN has served as kind of a symbol for us. The mutuality of our efforts—that all continues and is continuing, and there is a lot of help out there and concern. It reduces the social isolation of the clinicians. We are involved in the programs.

A second factor: And I think a second important role that NCCAN has played, is it will fund clinical research that never would be carried out otherwise. Without its activities program evaluations, we wouldn't even know at this time that our interventions geared toward reducing abuse were scarcely touching the outcome for the children. We wouldn't even know it. We would still be working out of the old methodologies that we worked off of in the 1960's and the 1970's, and what constitutes a successful treatment program using reabuse as the only outcome available.

Third: Coordination and dissemination of findings: This is all small sample research, and without the convergent findings from many places, we will never get much beyond descriptive studies and equivocal findings.

We need a formal clearinghouse. NCCAN is the only place that provides that function.

Last: It serves as a signal to State and local governments that the Federal Government regards this program of sufficient seriousness to warrant support. I know there will be some money in State block grants continuing on the order of $6 million or $7 million. I would like to divide that by the 50 States and filter it down to all the channels in those States where people are actually doing treatment and research, and see how much we really have actually left for services. I think it is really an illusion, almost a cruel illusion to people working in the field.

That concludes my remarks. Thank you.

Mr. MURPHY. Thank you, Dr. Kent.

Attorney Davidson.

STATEMENT OF HOWARD DAVIDSON, DIRECTOR, AMERICAN BAR ASSOCIATION; NATIONAL LEGAL RESOURCE CENTER FOR CHILD ADVOCACY AND PROTECTION, WASHINGTON, D.C.

Mr. DAVIDSON. I have been working in the field of legal issues relating to children for the past 8 years, and since 1979 I have been the director of the national legal program of the American Bar Association concerned with the legal aspects of child welfare matters. In August 1980, the American Bar Association house of delegates went on record in support of Federal leadership in the treatment area of child abuse, in particular increased efforts in prevention, identification, and treatment of child abuse and neglect; extension of the Child Abuse Prevention and Treatment Act; and continuation of the National Center on Child Abuse and Neglect, or NCCAN.

On this panel that is before you are representatives of social services, medical, nursing, and now legal professions. I think it points out to the committee that child abuse is a multidisciplinary problem involving expertise from all the professions. I have included in my written statement information which concentrates on the legal impact of the Federal Government's involvement in the child abuse area since 1974.

I have also noted in that statement special legal publications that have been developed by NCCAN and by our Resource Center. Indicated are some national programs which were only possible as a result of the National Center's support and leadership; and, finally, I have indicated some legal areas in which Federal action is

still needed; ending with the GAO report which pointed out some serious problems with the child protective service agencies and the State and local levels needing adequate legal support services as a critical problem that needs attention both at the Federal and the State levels.

I would like to concentrate in my testimony this morning on some examples of State and local legal activities which would not have been possible without Federal support. As Mrs. Landsdown and the Hutchisons have made clear, those child abuse cases that go into the court system are probably the most important of those cases in terms of the way we sensitively deal with these cases within a judicial framework. Those cases represent about 14 percent of all child abuse, verified child abuse and neglect reports, but they obviously represent the most difficult of the cases for our public child welfare agencies to deal with.

I am here today to let the committee know that there is a need for the National Center on Child Abuse and Neglect, and the legal profession, working with the national leaders in this area will help assure that these legal matters are handled more sensitively. These are not issues; these are not legal subjects that are covered in very many law school classes. These are not issues that are covered in schools of social work terribly adequately. The need for training and technical assistance on the State and local level concerning the legal and judicial aspects of child abuse and neglect is an ongoing concern.

Let me tell you a bit of what is being done to give you some indication of our need to continue and why Federal support is so vital. First of all, through the help of our Resource Center with funds from the National Center on Child Abuse and Neglect, 26 legal groups across this country have been given small amounts of funding to develop child abuse representation programs, training programs, and to develop materials in the area of child abuse and neglect. These programs have been developed by affiliates of the American Bar Association Young Laywers Division, by State and local bar associations, by minority bar groups, and child advocacy programs.

I would like to show you some concrete examples of what some of these bar groups have done. In the State of Minnesota, the Minnesota State Bar Association Young Lawyers Section Child Abuse Committee has developed a comprehensive training program for professionals. They started out with education professionals. It has now grown, and they have a program called child abuse—a legal perspective. The Minnesota bar has put out a series of pamphlets on The Impact of Juvenile Court Involvement; The Impact of Child Sexual Abuse, and so forth; a brochure, Child Abuse and Neglect—Some Questions and Answers. It is definitely a public service that the bar is performing in Minnesota that could not have been performed without the support, the initial support, of the National Center on Child Abuse and Neglect through our Resource Center.

I should say that the State bar has supplemented those funds with moneys of its own, making what initially was a 1-year project into what we expect would be a permanent project of the Minnesota State bar.

In the State of New Jersey, A Comprehensive Manual on Child Abuse was produced by a group of bar associations. A black bar association, the State bar association, the Association of Black Women Lawyers of New Jersey published A Comprehensive Manual on Child Abuse. Most of these materials are usable not just by the legal community but by the social workers, the medical communities, and others involved in the court process.

In the State of Vermont, the State bar association young lawyers division formed a Committee on Children's Rights, and with the help of the National Center on Child Abuse and Neglect through our program have developed a child and family development manual. Legal professionals obviously do not get much training or opportunity to be exposed to issues relating to child development and the critical needs of families. Sensitization of these professionals is critical if they are going to work effectively in the juvenile court process.

The Vermont bar has published a manual on this, and we have in fact reprinted it and are circulating it nationally. We are supporting the work of these 26 State and local bar groups with materials out of Washington.

For instance, a child-abuse parent guide is available free to any bar group in the country that is interested in starting a program in this area.

In addition to the bar programs which, as I mentioned, are involved in training, involved in actual representation of children and parents, involved in the publication of materials, the National Center on Child Abuse and Neglect has funded four guardian ad litem court improvement projects. These projects seek to assure a higher quality of representation of children in child abuse court proceedings.

Before the Child Abuse Prevention and Treatment Act was passed by the Congress, most children who went into juvenile court in these very sensitive proceedings did not have representation. Today, thanks to the act, in most States children are given as a matter of course a legal representative. That person may be called legal counsel. In many States he is called the guardian ad litem.

It is one of the provisions of the Child Abuse Prevention and Treatment Act which has had the greatest direct impact on the child and the family involved in a judicial proceeding.

Let me give you some examples of what some of the special projects funded by the National Center on Child Abuse and Neglect have done in this area. In Louisiana County specifically the court system hears over 16,000 court hearings annually relating to child abuse and neglect—16,000 cases. With the help of funds from NCCAN, a training program and guardian ad litem services have been established in that court system.

The training program has included a series of judicial system personnel workshops for judicial officers, attorneys, guardians ad litem, court personnel, and social workers involved in that court process. A videotape has been developed on children's perception of the court process to help sensitize those working with children so that they can understand what children go through in connection with these court proceedings.

In the State of Louisiana a comprehensive manual has been developed entitled, "A Manual for Representing Children in Need of Care." Again, these materials would not have been possible without the support of the Federal Government through the National Center. The guardian ad litem area is an expanding one as States are moving not just to have attorneys appointed to represent children in these proceedings, but other concerned citizens and professionals who are knowledgeable in the child-abuse area.

To assist with the national need of these groups, our program, with the help of the National Center on Child Abuse and Neglect, sponsored a National Guardian Ad Litem Conference program in November. Those materials are available to any guardian ad litem project in the country to establish those projects in the effective representation of children.

In addition, several of the regional resource centers created by the National Center on Child Abuse and Neglect have come out with their own legal materials which have been invaluable.

In Texas a publication has just been issued entitled "Legal Aspects of Child Abuse and Neglect Cases in Texas—A Compendium of Cases and Statutory Provisions;" in Massachusetts, "Preparing for Care and Protection Proceedings in Massachusetts—A Guide for Authoritative Social Workers."

One last example of magazine materials which were developed by a regional Resource Center, which has national utilization is "Child Abuse and Neglect and the Law—Case Materials for Attorneys and Law Students."

There is a real concern that unless we give this matter legal attention, unless the National Center on Child Abuse and Neglect can continue to have as one of its priorities legal issues surrounding child abuse and neglect problems, we will lose the kind of thrust, the kind of direction that we are going in in this area. The momentum will be lost. So I am here to tell you that much has been done, but much more remains to be done, and the role and involvement of the National Center on Child Abuse and Neglect, with the distribution of both State grant funds and research and demonstration project funds is absolutely essential.

[The prepared statement of Howard Davidson and attachment follow:]

PREPARED STATEMENT OF HOWARD DAVIDSON, STAFF DIRECTOR, NATIONAL LEGAL RESOURCE CENTER FOR CHILD ADVOCACY AND PROTECTION, YOUNG LAWYERS DIVISION ON BEHALF OF THE AMERICAN BAR ASSOCIATION

Mr. Chairman, Members of the Subcommittee:

I appreciate the opportunity to present the views of the American Bar Association concerning re-authorization of the Child Abuse Prevention and Treatment Act. I am Howard Davidson, Staff Director of the Association's National Legal Resource Center for Child Advocacy and Protection. The Resource Center, a program of the Association's Young Lawyers Division, is located in Washington, D.C. and is a part of the ABA's Public Service Activities Division.

During the last two years, the Resource Center has worked closely with the staff of the National Center on Child Abuse and Neglect (NCCAN), the ten regional child abuse resource centers and professional resource centers for educators and social workers created by NCCAN, as well as hundreds of child welfare professionals throughout the nation. Since January, 1979 the Resource Center has, as one of its principal goals, sought to mobilize attorneys nationwide in the representation of children before the courts, in what are estimated to be 150,000-200,000 abuse and neglect cases annually. It provides technical assistance and information not only to the attorneys and guardians ad litem appointed to represent the abused child, but also to lawyers responsible for presenting the allegations of abuse in court, lawyers for child protective agencies, and lawyers appointed to represent the parents in these proceedings. A more complete description of our program's activities is appended to this statement.

In August of 1980 the ABA's House of Delegates approved a resolution calling for extension of the Child Abuse Prevention and Treatment Act. The Association recognizes that the activities of NCCAN and the programs it supports must continue if we are to have a sustained impact on the problem of child abuse in this country.

LEGAL IMPACT OF FEDERAL INVOLVEMENT

Legal issues permeate the area of child abuse and neglect. In Section 4(b) of the Child Abuse Prevention and Treatment Act, found at 42 U.S. Code §5103, there are a number of legal requirements for States wishing to qualify for federal financial assistance under the Act. In 1974, only three States qualified for receipt of funds; by 1976, this number had grown to 29; and by fiscal year 1976, 46 States or territories were receiving grants from NCCAN. Quite clearly, a great deal of state legislative reform has, since 1974, been prompted by the Federal Act. States have been assisted in these reform efforts by a number of excellent NCCAN technical publications. These include a draft Model Child Protection Act, which serves as a tool to assist States in improving their laws and practices to meet the eligibility requirements of the Federal Act, and a set of comprehensive draft Federal Standards to guide the development of state laws and judicial practices which will help to assure effective child abuse prevention and treatment.

It should be pointed out that the state qualifications for payment of federal funds have not been unduly burdensome. Likewise, the process of certification of eligibility for receipt of federal funds is quite simple and involves very few forms and procedures. Given the limited amount of federal financial resources made available under the Act for state grants, it is remarkable that so many States have amended, and in many cases substantially revised, their child abuse and neglect laws in order to qualify for funds. Indeed, there have been virtually hundreds of changes in these laws, modeled on the Act's language.

State child abuse and neglect law has become one of the most active areas of legislative adoption and amendment. While the Federal Act's requirements have been minimal, they are based on sound principles which respect the child's need

for protection from serious harm as well as the need for confidentiality in these cases. Because of the Act, States have moved to expand the circumstances in which children are protected to cases of sexual abuse or exploitation. States are also initiating their investigations of reports of child maltreatment more promptly, training for case workers has improved, and there is greater cooperation between law enforcement programs, courts, and child welfare agencies.

The Act has particularly helped abused children in cases which, because of their seriousness, have found their way into the judicial system. Prior to passage of the Act, only a few States required appointment of a separate legal representative to protect the child's interests in court. Today, all but seven States provide for such appointments in these cases. The widespread involvement of these representatives, often called "guardians ad litem," has become one of the Act's most significant accomplishments.

The Act's provisions also reflect a concern for the sensitive nature of these cases and a recognition that abusive families may often be helped more by other parents than government social workers. Specifically, the Act contains strict provisions to protect the confidentiality of records, and it prods States to give priority to parental organizations, such as Parents Anonymous, which are effectively working with troubled families to combat abuse and neglect.

Without such federal support, it is unlikely that these improvements would have been made. Also, many special projects which have been created by NCCAN would probably not have been created had it not been for federal support. I would like to comment on the work of legal significance of several of these.

SPECIAL PROGRAMS

Approximately 14.4 percent of all reported cases of child abuse and neglect result in juvenile court action being initiated. (National Analysis of Official

Child Neglect and Abuse Reporting (1978), p. 36) However, these cases usually present serious and complex social and legal problems. Recognizing that the Federal Act requires the provision of a guardian ad litem in such proceedings, but that the States have little money to establish such programs, and even less experience in their development and operation, NCCAN has funded four Guardian Ad Litem Demonstration Projects, and has plans to establish up to six more. Such projects are expected to help improve the methods of providing representation to maltreated children and protect their rights, as well as those of the family as an integral unit.

As additional steps to help assure improved protection of the interests of children in child abuse legal proceedings, NCCAN has published and widely disseminated the manual Child Protection: The Role of the Courts and a report on Representation for the Abused and Neglected Child: The Guardian Ad Litem and Legal Counsel. NCCAN has also sponsored the first National Guardian Ad Litem Policy Conference (planned and conducted by the National Legal Resource Center), and has scheduled for this Spring the distribution to every juvenile court judge in the country of a publication, developed by the Resource Center, entitled Child Abuse and Neglect Litigation-A Manual for Judges.

NCCAN has also assisted States in their efforts to improve child abuse reporting laws. Through its Clearinghouse on Child Abuse and Neglect Information, all State and territorial laws concerning both the reporting and the handling of abuse and neglect cases in the welfare system, as well as the juvenile and criminal court system, are contained in a readily accessible computerized data base. A special publication, Child Abuse and Neglect - State Reporting Laws, summarizes and analyzes this information.

CONTINUED NEED FOR FEDERAL ACTIVITY

The National Center on Child Abuse and Neglect has made possible a number of national impact programs which an individual State could not possibly finance.

For example, national resource centers have been created for Social Work, Education, and Legal Professionals. National projects have been developed to serve as focal points to increase cultural sensitivity in the handling of child protective services. These include projects focusing on Indians, Urban Black Families, Puerto Ricans, and Migrant Farmworkers. A National Information Clearinghouse and major training curriculum development program have also been initiated. All of these vital activities are far beyond the scope of individual state program capabilities. While the States properly direct their resources toward direct services, broader research and demonstration activities, aimed at preventing and treating child abuse and neglect, must continue. In the long run, prevention and treatment discoveries will alleviate this national human tragedy and make possible better, more cost-efficient utilization of direct services.

The April 29, 1980 report of the U.S. General Accounting Office, entitled Increased Federal Efforts Needed to Better Identify, Treat, and Prevent Child Abuse and Neglect, noted that state and local officials interviewed for the study complained of problems with the legal assistance provided to the protective service agencies. These problems were causing the agencies to lose valid court cases, thereby hindering their ability to adequately protect children (p.47). Officials in five of the seven localities visited by the GAO investigators cited problems with the legal assistance available to the child protective services staff (p.48). The report recommended that the Secretary of the Department of Health and Human Services, through NCCAN, emphasize to the States the importance of sufficient legal assistance for child protective staff working on child abuse and neglect cases. The Secretary concurred with this recommendation, and mentioned that our National Legal Resource Center was working to upgrade the quality of legal representation in these proceedings (p.52).

Unfortunately, the States have extremely limited financial resources to improve their child protective services systems. Child welfare agency legal offices are too often understaffed, or non-existent, since more attention is generally given to increasing the number of social workers available to investigate reports of abuse and provide on-going services to families. Where the agency does not have its own legal counsel, it must rely on representation through a city, county or state attorney's office. This office may not have sufficient personnel to provide the readily available legal expertise which child protective agencies desperately need. As the General Accounting Office has indicated, this problem demands federal attention.

Another legal problem which requires federal action is the need to protect children in residential facilities from abuse by the very institutions responsible for their care. Institutional abuse is widespread, and the States are just beginning, with the help of NCCAN, to address this issue. However, one impediment to eliminating such abuse is the lack of legal protections given to institutional employees who observe and report it. Reprisals against such "whistleblowers", usually firings or re-assignments, are common. The bills to re-authorize the Federal Act recently introduced by Senator Cranston (S.561) and Congressman Murphy (H.R.2318), contain a provision to protect reporters of child abuse against any adverse actions related to employment, arising out of such reporting. Such a provision, when made a condition for receipt of state grants from NCCAN, can be expected to result in necessary legislative changes in the States and, one hopes, a reduction in the amount of institutional abuse.

CONCLUSION

This re-authorization hearing is being held at a time when the Reagan Administration is considering removing the state grant funds now under the control of

NCCAN ($6.8 million in FY 1981) from the agency and including them in a combined general social services block grant. The NCCAN investment in the state child protective services agencies has reaped generous dividends. Exemplary programs have been developed, and federal leadership in the child abuse area has been exerted to help assure that the limited federal funds have a maximum impact.

Certainly, as the General Accounting Office and testimony before this Subcommittee has indicated, much more needs to be done. The emasculation of NCCAN, and thus the federal effort to combat child abuse, may follow if the meager funds for child abuse are either reduced or absorbed into an amorphous state grant program. We risk seeing state efforts in this area reduced to pre-1974 levels. Without a federal program, innovative national research and demonstration projects are likely to disappear.

All of this presents a major challenge to this Subcommittee.

I want to thank the Chairman, Members and staff for permitting me to express these views at such a critical juncture in the future of the federal child abuse program.

APPENDIX "A"

RESOLUTION OF THE HOUSE OF DELEGATES

OF THE

AMERICAN BAR ASSOCIATION

ADOPTED AUGUST, 1980

BE IT RESOLVED, That the American Bar Association supports increased efforts to prevent, identify, and treat child abuse and neglect and urges the Congress of the United States to support extension of the Child Abuse Prevention and Treatment Act (Public Law 93-247 as Amended);

REPORT

Introduction

In the 1970's, Congress addressed several issues of vital concern to children and their families: Abuse and neglect, adoption assistance programs, family support services. It is imperative that these efforts continue unabated in the 80's. Further Congressional action is required to assure that such endeavors continue to receive deserved national attention and adequate funding. Specifically, Congress must take steps to reauthorize the Child Abuse Prevention and Treatment Act.

Child Abuse Prevention and Treatment Act

In response to the growing public awareness and concern over child maltreatment, Congress enacted the Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247), as amended in 1977 (and subject to renewal in 1981). The Act's preamble set forth its major objectives:

> To provide financial assistance for a demonstration program for the prevention and treatment of child abuse and neglect, to establish a National Center on Child Abuse and Neglect, and for other purposes.

Under the direction of the National Center on Child Abuse and Neglect (NCCAN), the Federal government has assumed a leadership role in the fight against child maltreatment.

NCCAN's study of the national incidence of child abuse and neglect underscores both the scope of child maltreatment and the need for continued Federal efforts to curb it. According to the most recent annual survey, over a half million incidents of abuse and neglect were reported in 1977.[2] This represents an increase of over 23 per cent since the 1976 census, and is considered a conservative estimate due to underreporting.[3] Experts place the true annual incidence of abuse and neglect at the 1,000,000 level. It is further estimated that as many as 2,000 children die each year as a result of child maltreatment, and that over 200,000 cases lead to court proceedings.

With only a modest annual budget of approximately $19,000,000, NCCAN has principally fulfilled its role by supporting research and demonstration projects. These include ten regional resource centers, several professional resource centers and scores of research projects. The American Bar Association Young Lawyers Division has been the recipient of one professional resource center grant which created the National Legal Resource Center for Child Advocacy and Protection.

Under the direction of this Child Advocacy and Protection Legal Resource Center, bar organizations across the nation have joined forces with other professional groups. These interdisciplinary efforts, manifested in multidisciplinary training programs and improved utilization of the legal process, are in keeping with the overriding philosophy of experts, Congress, and NCCAN, i.e., that effective prevention, identification and treatment of child maltreatment requires interdisciplinary cooperation. NCCAN, by providing a focal point and requiring multi-disciplinary cooperation among its many research and demonstration projects, has been instrumental in the professional community's willingness to cross-fertilize.

In its six year history NCCAN has taken significant strides toward preventing, identifying, and treating child maltreatment. Among its concrete accomplishments are: 1) the publication of over a dozen training manuals, 2) establishment of an efficient computerized clearinghouse, 3) setting up of regional resource centers, and 4) advancement of general knowledge of the causes of and treatment approaches to child abuse and neglect. As the latest incidence reports suggest, however, the problem of abuse and neglect demands that NCCAN's initiatives be continued and that the legal profession continue to play an active role in national efforts to deal with the problem.

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[1] 42 U.S.C. §5101 et seq.

[2] U.S. Dept. of Health, Education, and Welfare, National Center on Child Abuse and Neglect, NATIONAL ANALYSIS OF OFFICIAL CHILD ABUSE AND NEGLECT REPORTING, 1977.

[3] While underreporting of abuse and neglect persists, the increased incidence of reports in the last twenty years is more attributable to higher reporting rates resulting from mandatory reporting laws than a growth in the actual amount of abuse or neglect.

*This Report was submitted to the ABA House of Delegates along with the proposed resolution. Although the Report is included here for informational purposes, only the approved resolution is the official policy of the Association.

APPENDIX "B"

NATIONAL LEGAL RESOURCE CENTER FOR CHILD ADVOCACY AND PROTECTION

The legal system, an integral part of the community child protection network, has become increasingly involved in child abuse and neglect cases, termination of parent-child relationship proceedings and other actions related to the welfare of children. Under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), the legal system has also assumed greater responsibilities for monitoring children in foster care.

Because the stakes are so high for child, parent and agency alike, it is imperative that concerted efforts be made to improve the quality of legal representation in child welfare judicial proceedings. For example, the 1974 Child Abuse Prevention and Treatment Act (P.L. 93-247), which encourages states to provide "guardians ad litem" for children, has led to an extensive use of attorneys to perform this function. Careful training and legal support services are necessary if these individuals are to be effective child advocates in the court process.

To meet these needs, the American Bar Association, through its 120,000-member Young Lawyers Division, sponsors the NATIONAL LEGAL RESOURCE CENTER FOR CHILD ADVOCACY AND PROTECTION which has become a major provider of technical assistance to the wide range of professionals involved with the legal aspects of child welfare proceedings.

Programs and Publications

Started in 1978 with a grant from the National Center on Child Abuse and Neglect (U.S. Department of Health and Human Services), and now supplemented with funds from the U.S. Children's Bureau, Edna McConnell Clark Foundation, American Bar Endowment, ABA Young Lawyers Division and the Gerber Baby Foods Fund, the Resource Center serves as a national legal clearinghouse on child welfare legal issues. It publishes a free newsletter,

Legal Response: Child Advocacy and Protection, and a monograph series on such subjects as the confidentiality of child protective records, special education advocacy, monitoring of children in foster care, and child sexual abuse.

The Center also has published a 544 page book, Advocating for Children in the Courts, and has developed a forthcoming comprehensive Manual for Judges on child abuse and neglect litigation. It has conducted a national training institute on legal representation of children as well as a policy conference on the role of guardians ad litem. Center staff also provide program consultation and regularly participate in conferences and seminars.

Support of Bar Activities

An important part of the Center's work involves the provision of financial and technical support to twenty-six state and local projects throughout the country; these projects have become formally involved in legal activities related to children. Examples of their work include: publication of a handbook for attorneys on "Child and Family Development and Human Services Resources" (Vermont), development and distribution of a 429 page manual on child abuse (New Jersey), creation of panels of volunteer lawyers to represent children in juvenile court (Pittsburg, PA and Jackson, MS), and conducting training seminars for attorneys, judges, lay guardians ad litem, and social service personnel (Cincinnati, OH; South Carolina; Washington, D.C.; New Mexico; and Phoenix, AZ). The legal groups which have funds under this Center "mini-grant" program include:

Young Lawyers Division Affiliates

Allegheny County Bar Assn., Young Lawyers Section (Pittsburg)
Chicago Bar Assn., Young Lawyers Section
Cincinnati Bar Assn., Young Lawyers Section
Cuyahoga County Bar Assn., Young Lawyers Section (Cleveland)
Denver Bar Assn., Young Lawyers Section
Jackson Young Lawyers Assn., Mississippi

Young Lawyers Division Affiliates continued

Maricopa County Bar Assn., Young Lawyers Section (Phoenix)
Minnesota Bar Assn., Young Lawyers Section
Missouri Bar Assn., Young Lawyers Section
New Mexico Bar Assn., Young Lawyers Division
South Carolina Bar Assn., Young Lawyers Division
Vermont Bar Assn., Young Lawyers Section
Virginia Bar Assn., Young Lawyers

State and Local Bar Associations

Dade County Bar Assn. (Miami)
Maryland State Bar Assn.
State Bar of Nevada
San Francisco Bar Assn.

National Bar Association Affiliates

Gate City Bar Assn. (Atlanta)
Louis A. Martinet Society (New Orleans)
NBA Washington, D.C. Chapter, Women's Division

Joint YLD/NBA Projects

State Bar of Mich., Young Lawyers Section/Wolverine Bar Assn. (Detroit)/ Detroit Bar Assn., Young Lawyers Section
New Jersey State Bar Association/Garden State Bar Assn./ Assn. of Black Women Lawyers of New Jersey

Mexican-American Bar Project

El Paso Mexican-American Bar Assn.

Other Legal Programs

Mass. Committee on Children and Youth
North Shore Children's Law Project (Lynn, Mass.)
Texas Assn. of Counsel for Children

In connection with these activities, the Resource Center has published a Bar Activation Guide, which contains materials summarizing the output of these legal projects, and a Directory of child representation projects throughout the country.

Major Projects

The Center has initiated several major projects: The first involves the legal aspects of child abuse and neglect; the second is a program to help the legal system make a better contribution toward planning for children in foster care; the third is an effort to study and improve on

the legal system's handling of intra-family child sexual abuse cases; and finally, a legal and judicial education project to gain full implementation of the Uniform Child Custody Jurisdiction Act, a statute intended to combat the problem of parental kidnapping of children.

The Center has also been actively involved in the national legislative and judicial arenas by submitting testimony to the Congress on behalf of H.R. 3434 (the Adoption Assistance and Child Welfare Act of 1980), securing the ABA's endorsement for extension of the Child Abuse Prevention and Treatment Act and implementation of full-scale child welfare reform, providing careful analysis and evaluation of proposed D.H.H.S regulations, and preparing and filing amicus curiae (friend of the court) briefs to the U.S. Supreme Court on key cases affecting children.

Child Abuse and Neglect

The Center seeks to stimulate interest and develop expertise in the representation of maltreated children. It also provides technical assistance to the various disciplines involved in abuse and neglect cases. Estimates of abuse and neglect in America range from 500,000 to 4.5 million cases annually, with between 150,000 and 200,000 court actions to protect these children. In response to this problem, the Center offers a variety of services upon request, including consultation, training, curriculum development, and dissemination of materials.

Staff works closely with national judicial, social work, and educational agencies. The National Center on Child Abuse and Neglect (U.S. Dept. of Health and Human Services) relies upon the Resource Center for the provision of legal help to its grantees throughout the country. Legal presentations are made at the bi-annual National Conference on Child Abuse and Neglect; at training activities of such groups as the National College of District Attorneys, National College of Juvenile Justice, and National Legal Aid and Defender Association; and at special programs at ABA annual and mid-year

meetings.

Planning for Children in Foster Care

With approximately 500,000 American children in foster care, the legal system must become more responsive to the needs of such children for a permanent, stable home environment. The Resource Center, with support from the Edna McConnell Clark Foundation, focuses on this problem through a special project which is conducting a review of state laws, procedures and policies related to this subject; preparing a legal practice manual for attorneys; sponsoring and participating in training activities; and working with local organizations and attorneys in several target states to effect legal reform.

The project seeks to avoid unnecessary out-of-home placements of children; assure the use of family-centered services to rehabilitate and reunite families; educate lawyers to effectively participate in dispositional proceedings and the development of treatment plans; and encourage the legal system to secure stable, permanent placements for children who cannot be returned to their parents. The Center is working closely with child welfare programs throughout the country to achieve these goals.

Sexual Abuse of Children

One of the most egregious forms of child maltreatment is sexual abuse committed by a parent or person in a position of authority or control over the child. Incest (or intra-family sexual abuse) is a serious problem rarely spoken of but affecting thousands of children each year, causing severe and often permanent psychological damage to the child victim. The Center has a special project studying how the legal system can improve its handling of these cases. Working closely with the National Center for Child Abuse and Neglect, local prosecutors, sexual assault

programs, and treatment projects, the Resource Center has become the major locus of legal information related to this important subject.

Activities of this project include a state-by-state analysis of relevant civil and criminal statutes and other legal issues, identification of innovative prosecutorial policies in both the criminal and juvenile court systems, and the publication of a report summarizing laws and practices and analyzing problem areas, trends and reforms.

Child Custody

The Resource Center, recognizing that great harm can be done to children in bitter custody battles after a divorce or separation, has begun to explore the dimensions of this problem by first focusing on child custody disputes which cross state lines. The Center, with a grant from the U.S. Children's Bureau, has initiated a project to secure enactment in all jurisdictions of the Uniform Child Custody Jurisdiction Act, which would deter parental kidnapping of children.

Even where enacted, it is important that judges and lawyers understand the implications of this Act and utilize it effectively. They need to be sensitive to the effects of child-snatching, the need for stability in custodial placement, and other issues related to the best interests of children. Therefore, legal and judicial education seminars and workshops are a major part of this project.

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Bar Association Child Abuse and Neglect Projects

Beginning in 1978, the American Bar Association Young Lawyers Division/National Legal Resource Center for Child Advocacy and Protection has awarded small grants to bar associations for child abuse and neglect projects. The first round of six grants ($1,500 each) supported a variety of activities, but focused on training and public awareness. The last two funding rounds (19 projects at $1,750-$2,500 each) promoted training and creation of systems whereby trained attorneys would be assigned abuse and neglect cases. In addition, six early projects have received supplemental funding ($1,000 each).

Attached is a status report of the 11 projects funded in 1980 and the 6 supplemental grant programs. Most of these programs have certain shared features which merit report here.

First and foremost, all projects have the active support of critical community leaders and programs, including local judges, state attorney's office, child protection agencies, hospitals, etc. With this support, they also stress multi-disciplinary involvement in their training.

Second, all projects utilize the organized bar's resources. They advertise through bar papers, coordinate with continuing legal education offices, borrow bar mailing lists, and in general obtain the bar's seal of approval for project activities. In some cases the projects have led to the creation of a permanent committee within the parent bar.

Third, all attorneys participating in these projects have donated their time and services. In addition, many law firms have donated other services, such as duplicating, mailing, and providing meeting space. Several bar organizations have also contributed matching funds.

Fourth, most projects have developed invaluable manuals and other written materials which may be used in the years to come. In addition, several projects have video-taped their training programs.

The following report highlights the recent and upcoming activities of the new and supplemental grant programs. The Resource Center only wishes that it could have funded the 22 additional bars which applied for but did not receive our modest grants during the most recent bar-funding competition.

CHILD ABUSE BAR PROJECTS, ROUND III

I. NEW PROJECTS:

A. Chicago Bar Association, Young Lawyers Section ($2,000)

The project will prepare and distribute a handbook on procedures and law involved in abuse and neglect proceedings in the Cook County Juvenile Court. Portions of the handbook will form the basis of three to four seminars. Already committed to participate in training are Juvenile Court judges and attorney's from the State's Attorney Office, Guardian Ad Litem Office and Public Defender's Office. The final draft of the handbook is currently being completed. They also anticipate creating a special adjunct to the Bar's pre-existing lawyer referral program (creating a specialty child abuse and neglect). The Bar was also asked by the Resource Center to coordinate its activities with the Cook County Bar Association (they had applied for but did not receive a grant). Finally, the Bar is considering promoting legislation to set up a Children's Trust Fund by earmarking a portion of the marriage license fee for this purpose (recently enacted in Kansas).

B. Massachusetts Bar Association

1. Massachusetts Committee for Children and Youth ($1,000)
This project proposed to hold a one-day training conference, "Representing the Abused Child." The conference was held on November 15th at Boston College; it drew 35 people. A 122 page manual was also prepared for this conference. Each conference attendee also received a copy of Representing the Abused and Neglected Child in Massachusetts. Both the conference and manual utilized a fictitious case as the basis of instruction. The conference faculty has expressed an interest in repeating the program and the Mass. Continuing Legal Ed.-New England Law Institute has indicated it may add it to its 1982 curriculum.

2. North Shore Children's Law Project ($1,000)
This project has agreed to function as a clearinghouse on abuse and neglect for attorneys in Essex County; they will provide direct attorney consultation, the use of their library, pleading and memorandum file (with photocopy service). Based upon utilization of this service for six months, the Law Project will ascertain what general training programs may be required.

C. Houston Bar Association Family Law Section, San Antonio Young Lawyers Association, Texas Association of Counsel for Children ($2,000)

These groups plan to conduct regional training in San Antonio and Houston during 1980-81. Written training materials and sample pleadings will be distributed with heavy emphasis on a multi-disciplinary approach. Bar will provide district courts with names and addresses of trained attorneys. This project will coordinate with the El Paso Mexican-American Bar Association (below), utilizing the latter's training pieces dealing with cultural sensitivity. Two of the leading facilitators of this program have also organized and will participate in a program, "Using Law to Protect Children," to be conducted at the ABA mid-year meeting in Houston in February, 1981.

D. El Paso Mexican-American Bar Association ($1,750)

A full day training program is slated for early March, 1981. Heavy emphasis will be upon the needs of Mexican-American children, especially as they relate to abuse and neglect. Judge Enrique Pena will develop training materials to be distributed at the conference. While the program will be advertised in the Texas Bar Newsletter, it is expected that the main audience will be drawn from the 600 member El Paso Bar and 90 member Mexican-American Bar. It is anticipated that a list of conference attendees will be submitted to the juvenile court for its consideration in future case appointments.

E. State Bar of Michigan, Young Lawyers Section; Detroit Bar Association; Wolverine Bar Association ($2,000)

On April 24-25, the project will hold a conference in Detroit aimed at instructing lawyers in important non-legal aspects of abuse and neglect (e.g., child development, identification of good social work practice, interviewing a child, need for speedy decisions when dealing with infants, need for permanence in planning treatment alternatives, etc). A practice manual will be developed for the conference. This project has had active support from the bench, including Judge Eugene Arthur Moore, Oakland County Juvenile Court (President of the National Council of Juvenile and Family Court Judges). In addition, the State Bar Association has donated $2,000 to this effort. Discussions are underway with two state organizations (Institute for Continuing Legal Education and Criminal Defense Attorneys of Michigan) for the purpose of video taping the conference and making it available through the library services of both organizations. If money is available, all or parts of the Detroit conference will be repeated elsewhere in Michigan.

F. Cuyahoga County Bar Association, Young Lawyers Section (Cleveland) ($2,000)

This Bar has assumed the duties of administering the pre-existing county-wide guardian ad litem program (formerly administered by

the Federation for Community Planning). In addition to administration, the bar will provide training and publish a newsletter; the first newsletter, for all guardians ad litem, courts and other interested persons (375) is about to be disseminated. Cleveland State University Law School has agreed to provide free space for a continuing legal education program on child representation. The Domestic Relations Court has also expressed interest in linking up with this program to provide guardians ad litem for children in divorce cases. When the Cuyahoga Bar applied for this grant, it also indicated that the money would be used as a match for other fund raising activities: the Bar has succeeded handsomely. To date $19,000 has been awarded by the Gund Foundation; another $19,000 is anticipated from the Cleveland Foundation.

G. Louis A. Martinet Society (National Bar Association) ($2,000)

This Bar is located in New Orleans. It has already conducted two, full-day multi-disciplinary seminars (November 8th and 15th); these were co-sponsored with Tulane Law School and Jefferson Abuse and Neglect Advocacy Project. Both sessions attracted over 100 participants each, with roughly 60-75% being attorneys. In addition, both sessions were video-taped for future training purposes. The Bar is currently developing a "ready list" of attorneys to handle abuse and neglect cases for the Orleans Parish Juvenile Courts. In addition, they are attempting to establish a volunteer service program to provide non-legal assistance to the attorneys (e.g., the Big Brother and Big Sister Associations have been contacted towards this end).

H. Maryland State Bar Association, in conjunction with the Legal Aid Bureau ($2,000)

The project has scheduled seminars in several areas throughout the state which have not, in recent years, been exposed to such training. The first session will be held in Annapolis on February 6th. Robert Horowitz, Assistant Director of the Resource Center, will be making a presentation at this session. Over 3,000 invitations to attend were mailed to all attorneys in six counties (signed by the Executive Director of the State Bar). A state senator will welcome the attendees and the program will be monitored by a family court judge. Topics will include medical and psychological aspects of abuse and neglect; resources for treatment; role of the juvenile court as well as counsel for petitioner, parents and child; and multi-disciplinary teams. The second session is tentatively set for Hagerstown in mid-April. The Bar has aggressively utilized the media for publicity of its programs; announcements have appeared in the Bar Newsletter, and Baltimore Sun and a lengthier article on "Representational Issues in Child Protection Proceedings" will appear in the February issue of the State Bar Journal.

I. State Bar of Nevada ($2,000)

The project has held two training sessions, in Reno (November 20th) and Las Vegas (November 21st). In all, 52 individuals attended. Both sessions had active support of local judges and prosecutors, including District Judge John Mendoza (President-Elect of the National Council of Juvenile and Family Court Judges). Each seminar participant received a number of handouts, including practice manuals and bibliographies. Each attendee also completed an evaluation form; very few negative assessments were made. High ratings were given to the presentations on child abuse from the doctor's perspective. As with the Massachusetts' training program, a case record formed the basis of instruction. One clever promotional idea was the use of a bogus subpoena to local attorneys inviting them to appear at the seminars.

J. Bar Association of San Francisco ($2,000)

The project will conduct a multi-disciplinary training workshop for attorneys representing parents or children in abuse and neglect actions in San Francisco Juvenile Court. A practice manual will also be prepared. Heavy training emphasis will be placed upon advocacy directed at preventive services and long-range permanency planning. The Court will be encouraged to appoint counsel for the child by the project's development of a local panel of private attorneys to augment existing, overwhelmed programs. The training, originally set for the Spring of 1981, has been postponed until late Summer so that it will not conflict with the Resource Center's National Institute (June 11-13, San Francisco). Local bar leaders will be assisting the Resource Center in identifying area faculty for this Institute. The project has also been asked to share its work products with the Sacramento County Bar Association (applied for but did not receive a grant).

K. Dade County (Miami) Bar Association ($2,000)

This project has entered into a joint venture with the Juvenile Court of the 11th Judicial Circuit (Miami), the State Court Administrator's Office, and a local Children In Placement Program to help provide legal representation to abused and neglected children. With funding from the State Court Administrator's Office, a full-time Guardian Ad Litem Program Coordinator has been hired (to begin March 1st). This person will work at the Juvenile Court and coordinate the work of both attorneys and non-legal volunteers providing representation to maltreated children. She will be developing a training package for attorneys from which seminars and reference materials can be developed. The project has become a part of the Bar's Public Interest Law Bank (PILB). The Bar applied for a $22,900 grant from the Legal Services Corporation (which would be matched by the Bar), as well as a $20,000 grant from the ABA's Pro Bono Activation Project. The Child Advocacy Program has been included as an important part of both of these proposals.

II. SUPPLEMENTAL GRANTS

Six supplemental grants of $1,000 each were awarded to bar projects previously supported by the Bar Activation Grant Program.

A. Vermont Bar Association, Children's Rights Committee of the Young Lawyers Division

The Children's Rights Committee consists of 22 lawyers, social workers, pediatricians, and other professionals involved with child welfare. It has divided into four subcommittees: 1) legislative watchdog, 2) guardian ad litem manual (to prepare training materials in conjunction with the Advocacy Rights Council of Vermont), 3) program development (to prepare a joint seminar for judges and state's attorneys) and 4) custody issues (to serve as a think tank for future projects). In September, the Committee held a seminar on Child and Family Development entitled "Families in Court." Over 45 attorneys attended and received a newly developed manual on child development. Impressed by the quality of this manual, the Resource Center requested and received permission from the Committee to reprint it for distribution nationwide. The Committee has also assisted in the drafting of state legislation concerning child protection teams.

B. Allegheny County Bar Association Young Lawyers Division (Pittsburgh)

In 1980 this project handled 150 cases; approximately one-half were abuse and neglect and the remaining were custody cases. They are presently contemplating adding termination of parental rights cases to their case load. The program is also soliciting additional funding from a local foundation ($5,000) and the Legal Services Corporation ($20,000) for a joint project with the Neighborhood Legal Services Association, Child Advocacy Legal Aid Program. The The last training session of this project was conducted in May, 1980; additional sessions will be scheduled in the near future. At present, the project is preparing a set of Guidelines for Child Advocates.

C. Jackson (Mississippi) Young Lawyers Association

This program has developed a successful system for assigning abuse and neglect cases to its participants. Each week one or two lawyers (from its panel of 60) pick up cases which the Public Defender's Office is unable to handle (most children in these cases are represented by the P.D.'s office). To date, roughly 50 cases have been handled by the project. Each attorney maintains his or her case through appeal if necessary. Project funds pay for major expenses (e.g., hospital records, transportation). However, since all attorneys volunteer their time and most do not seek reimbursement for out-of-pocket expenses, the project has gotten great mileage out of little money.

D. New Jersey State Bar Association, Young Lawyers Division

This project continues to distribute its 424 page "Manual on Child Abuse," prepared in conjunction with the Association of Black Women Lawyers of New Jersey and the Garden State Bar Association, and edited by Professor James Boskey of Seton Hall Law School. The program is currently considering projects for the upcoming year. One possible program involves the development of multi-disciplinary crisis reaction teams in hospitals. A $3,000 award from the State Bar has also been secured for future activities.

E. South Carolina Bar Young Lawyers Section

A joint program with the State Bar's Continuing Legal Education Office, "Child and the Courts," is slated for June 26, 1981. In addition, the program will shortly begin publication of a state-wide newsletter and provide technical assistance to as many as four attorney panels representing children in Family Court (e.g., speakers bureau, provision of training materials, recruitment aid).

F. Minnesota State Bar Association Young Lawyers Section

This program has concentrated its resources and energies on providing training to teachers on their role and legal responsibilities in abuse and neglect cases. Extensive written materials and a slide presentation have been developed, including a series of public information brochures. It inspired a joint project of the Resource Center, Education Commission on the States, and the National Professional Resource Center on Child Abuse and Neglect for Social Workers, which provided seminars on abuse and neglect at several state education association meetings throughout the country. The Minnesota project continues to offer instruction to educators and is expanding its reach to encompass other professionals. This project was recently honored with one of six Awards of Merit given by the American Bar Association Section of Bar Activities.

Mr. MURPHY. Thank you, Counselor.

Dr. Kent addressed the problem we face of block grants, and I would like the other panelists to advise us how they believe the programs they are advocating and are participating in would be adversely affected if the Congress were to choose to go to the block-grant route and submit the funds back to the States in a block grant, together with the funding of other agencies and other programs, and allow it to be a State or local decision on how to allocate those funds. Do you believe this would be adversely affected by that approach, as compared to the present one of categorical grants?

Ms. BURGESS. I'd have to answer yes. I think that our program definitely would be, because we are trying to understand it from a national level of crossing State—all of the States involved. So that I would have to answer yes, it would be affected.

Mr. DAVIDSON. I think in connection with the activities of the State and local bars in this area, with the opportunity to get funds through the National Center on Child Abuse and Neglect—and I should say that those funds are extremely limited—the size of the grants to the bars have ranged between $1,000 and $2,500.

With the loss of those funds, with the loss of the national program that can give the State and local bars direction, leadership, and national materials, it will be a real problem.

Additionally, I mentioned the guardian ad litem provision in the representation of children. There are still seven States that do not provide a mandatory appointment of guardian ad litem or legal counsel to these children in these proceedings.

If the NCCAN funds to States are put in a block grant, that guardian ad litem provision, that assurance of the guardian ad litem provision, will be meaningless.

I have real concern about the level of representation that will be afforded to children in these proceedings.

Mr. MURPHY. Ms. Elmer.

Ms. ELMER. I don't think that our program will be funded by the State of Pennsylvania, unfortunately.

We have not been able, so far, to get any financial support from the State. I think in many ways this would be appropriate. Our program is an experimental one, designed to see whether taking a baby into residence and protecting it while the parents come in to take care of it and we help the parents understand what is going on with that baby, this program has not been duplicated anywhere in the country and, therefore, is really well worth doing and well worth looking at.

But it has not been our experience that Pennsylvania, at least, is interested in this kind of an experimental program, which may give you a great deal of knowledge. It will, at least, give you some idea of whether it works.

I do not think we would like to see the block grant.

Mr. MURPHY. Mr. Erdahl.

Mr. ERDAHL. Thank you, Mr. Chairman.

Mr. Davidson, you talked about the need, which seems to be an obvious one, to me, that children in these circumstances, when they get into litigation or a court proceeding, need legal counsel.

We have also heard talk around this town, from the White House and in the Congress, about cutting back on legal aid, the whole legal aid program for the indigent.

It is not really directly related, yet in some ways it is very directly related.

Would you care to comment on that?

Mr. DAVIDSON. Well, I can tell you, as you may know, that the American Bar Association is on record as being a staunch supporter of the Legal Services Corporation and continuation of the legal aid program.

I should say, personally—I am a former Legal Services attorney—unfortunately, not too many Legal Services programs are able to represent children in child-abuse-and-neglect proceedings because even though there are Federal funds available, the needs, the Legal Services needs of the adult population are so great, in the housing and welfare and health and consumer and other issues handled by legal aid officers that, unfortunately, children's issues and child welfare matters often get a back seat.

My concern is that we, first of all, have to keep the Legal Services Corporation so that some of those programs that presently exist can continue; but, more importantly, we need to give more focus to the legal needs of children in these types of proceedings.

I think it is going to take much more than the Legal Services Corporation to do that. I think you need a national center on child abuse and neglect to do that.

For instance, it has been announced by the National Center that they want to fund six more guardian ad litem court improvement projects. I have a real concern as to whether those projects will ever happen now as we argue about all of the other programs that the NCCAN people would like to see develop and we know are so needed.

So, legal services, yes; but there is much more that is needed in connection with this.

Mr. ERDAHL. Thank you very much.

Dr. Burgess, you used the term linkage, which is used in a lot of areas around here now. Do you see a linkage between what might be abused children in the homes and these people getting involved—involved in these types of sex rings and pornography? And, also, just as a followup question, the slides you showed were obviously taken, because of the language, in Europe.

Now, is this something that is part of the organized crime, or maybe even under our system somewhat legalized, to be sending these pictures, or slides, or whatever it might be, into this country?

There are two areas, I guess.

Ms. BURGESS. Right.

Mr. ERDAHL. Or three.

Ms. BURGESS. OK. On the first, in terms of linkages, that the children really are taught, either in the child rings, where they are preadolescent, really, are taught how to be youth prostitutes. So that becomes very clear, of that linkage there.

Similarly, from the interfamily abuse, where children are taught, and then that becomes when they run away, an area that they get into is the youth prostitution.

We are also seeing where, in sexually abusing families, where they may also have other children outside of the families; so that we need to study that more carefully. It is not just within the family. It may be both.

To answer your question on the—this did happen to be a foreign magazine. And much of the literature is obtained that way. Sometimes it is laundered, in that they will send it to an address that is within the States, then it is sent overseas, given a new postmark and sent back through, just to avoid detection and to avoid all of that. All I can say is that that just happened to be one that he was able to—the young man was able to obtain through a commercial kind of post box.

Even after he was apprehended, he has continued to receive material.

So that the list, we suspect, has even been sent to other people that provide this kind of material.

Mr. ERDAHL. Mr. Chairman, the other question—I guess I shouldn't have asked so many at once—is: From your studies, is there any linkage between—again we use that term—child abuse, pornography, exploitation of young people, child prostitution, and the organized crime syndicates?

Ms. BURGESS. That is what we will be looking at, and that is what we will be needing the help of the Federal agents that are involved in that. That is one of the key questions. We have just started the projects, so we don't have that answer right now, but we will be looking at that.

Mr. ERDAHL. Thank you very much.

I have no further questions.

Mr. MURPHY. Mr. Miller.

Mr. MILLER. How much will that study cost?

Ms. BURGESS. It is a $50,000 study. I mean that's the funding.

Mr. MILLER. That comes from NCCAN?

Ms. BURGESS. NCCAN. Right.

Mr. MILLER. Thank you.

Mr. MURPHY. I thank the panel very much for being with us this morning.

We now have the family that is going to present their testimonies to us concerning Parents United. And also accompanying the family will be Sgt. Carroll Blackstock, of the local police force. He is affiliated with the child sexual abuse program in his jurisdiction, and also he is on the board of directors of Parents United.

STATEMENT OF BETH, PARENTS UNITED

Mr. MURPHY. Provide whatever identity you choose to.

BETH. OK. I prefer to go by my first name, which is Beth.

Mr. MURPHY. All right. Beth, you may proceed.

BETH. I am a member of Parents United.

Mr. MURPHY. Just pull up the microphone.

BETH. I am Beth, with Parents United, and I am here today with my mother and my stepfather and Sergeant Blackstock, from the San Jose Police Department.

I am a member of Parents United and I am also closely associated with Daughters and Sons United. Those are the self-help groups, the components of the child sexual abuse treatment program.

Mr. MURPHY. Just speak into the microphone.

BETH. I am sorry. I am a little nervous.

Like I said, I am part of the child sexual abuse treatment program in Santa Clara County, Calif.

I am a member of Parents United because I was molested by my stepfather, and that started when I was about 8 or 9 years old and went on until I was about 15 or 16. It is real hard for me to be able to tell you how much abuse went on or how it happened, because it is something that is really hard to remember back and not real pleasant to try. I can tell you that that happened fairly frequently over that period of years and it affected me a great deal during that time and thereafter.

When it first began, I didn't really understand what was going on. I was too young to know the implications, or what. I didn't even know very much about what sex was, much less about sexual abuse. Normally children aren't told about anything like that, and if you are told anything at all, what I was told was to stay away from strangers in black cars with candy. And this was a man in my family, and certainly no one I had any means to protect myself from.

So mostly, in the beginning, I was very confused. I didn't know what was happening. I knew something was wrong. He was telling me not to tell anyone and it was a big secret, and that is about all.

As I got older, I told some of the kids at school in fifth grade what was happening to me, and the reaction I got from them was that I was a freak, that nobody else knew what I was talking about, that I was very out of place, and, from that reaction, I decided that it just wasn't a good idea to tell anybody because I felt like nobody knew, nobody understood. I knew that I was the only one that this ever happened to. Now I know that wasn't true. There were statistics stated earlier that one out of four women and also as many as one out of five men have experienced some kind of sexual abuse. And so I definitely wasn't the only one, but it sure felt that way then. I didn't have anyone to talk to, I didn't have anywhere to go with my problem. I didn't feel that I could talk to my mom. I felt that in many ways we were very close and I could talk about a lot of things with her, but this was something that was just too difficult. I am still not sure exactly why I couldn't go to her. I feel that she didn't know what was going on. I feel that a big part of the reason I couldn't tell was because I was really afraid I would break up the family, that I would hurt her, that I would hurt the family. My family had gone through other minor troubles, and I had seen how that had shook the family, and especially my mom, and I felt very protective and very caring toward her and didn't want to upset that at all.

So by the time I got into the sixth grade I was 12 years old and the news had gotten around to my school, the administrator, my vice principal, and the way this was handled, he had no information, he had no training. I can understand that now, in becoming more involved. But the way he handled it was to pull me out of class in the middle of session which, if you can recall back to your school days, if you got pulled out of class by, you know, some higher up, you done something wrong and everybody is going to

want to know why. So I was very embarrassed about that kind of approach.

And he talked to me in the hall, you know, again where it is right out in public. This was a man I had never talked to, I just knew who he was. And he said, "I understand you have been telling some stories," which made me feel, right off, that I was being accused of lying. Naturally, I did not open up to this man, I did not feel comfortable with him and I did not say, "Yes, I was sexually abused, I want to talk about it, and will you help me?" This man was accusing me of lying and exposing me to my classmates.

So I said that I hadn't been telling stories, and that is where it was left. From what I understand now, I could civilly prosecute this man for his inaction, and I think that is a very important point in our lives and a very important point in our program, that we work very closely with the justice system and encourage reporting, because, in my case, where that intervention could have happened when I was 12 years old, the abuse went on until I was 16 years old.

During the next few years I again was very threatened by the thought of somebody finding out. I was scared that somebody would find out. By that time I felt really guilty. I felt like this had gone on for some time, and by the time I did know what was going on I felt that I was as much at fault as my stepfather was because I had consented to it, and I felt that it was no more his fault than it was mine.

So again I couldn't talk about it because of the guilt.

It wasn't until I was 17 that I told anybody, and during that time there were some pretty rough years. I felt very isolated. I didn't feel like there was anyone I could confide in or really get close to, because whenever I started getting close to people I was afraid that they would find out about the abuse, and all of these other horrible things might happen.

It wasn't until I had gotten into some drugs, I had become very sexually promiscuous, I had a child that I had placed up for adoption, and it was after all that and through a conversation with a boyfriend that I had that I was able to tell him about the abuse. This was the first person I told, at 17 years old.

By the time I was 17 I had a view of myself as a very independent adult person. As I look back now on my pregnancy, I feel that that, for me, was a step of protection; I felt that if I went through the pregnancy, if I had a child, my stepfather could not see me as a child, he would have to see me as a woman and, therefore, couldn't abuse me as a child. So in looking back, I feel that that is one experience that was very painful for me that I had to go through as a result of the abuse and the only way I knew how to deal with it and the only way I knew how to stop it for myself.

The thing, for me, and you know, from other kids that I talked to that had gone through it, is the belief that the last time it happened is the last time it happened, and you always hang on to that belief, that it is not going to happen again. And that is another big reason for not telling, you don't want to sit down and think, when you are 10 years old, that this is going to last for another 6 years.

You believe that when it happened last week that it is not going to happen again. And I clung to that belief.

When it finally did stop, that was, you know, through my getting older, through my having a little more ability to be assertive and to tell him to leave when he would come into my room at night, and eventually it did taper off and then stop altogether.

Like I said, much after that I told my mom. First I told my boyfriend, and then after that I was afraid the abuse was starting again, and I ran away, and I felt—I had never run away before. I had always been a good little girl. And I thought that I had to explain my actions, so I did tell my mom at that point.

I feel like she was real supportive of me at that time, and that was a real blessing, because I felt like I could talk about it with her, and I was getting some support and reassurance there.

However, there was still problems at that point. My stepfather and I were still not talking about it. We hadn't said two words about it in this whole time, which was almost 10 years. We had never discussed it outside of the time it would happen.

When I was younger I was even very confused as to whether or not I was dreaming the instances of abuse or whether I was going crazy, or I just didn't know, because it would be like a night and day situation, something happening at night, but in the day we would all kind of click back into action and become a normal family again. And I think from all appearances we were a normal family. So it was very confusing for me to try to go back and forth like that.

After I did tell and I was receiving support from my mom and we still weren't talking about it, I felt very uncomfortable, and a growing thing, with my family. It was very uncomfortable for me to be around them. I just wanted to move out of the house and get away. When I did that, I didn't like to come home to visit. I just didn't feel like it was a place for me to go, that there were people there who would help me if I ever needed them, or anything like that. I was just real distant. And I wanted that closeness with my family, I wanted that to be better, but there was still something I couldn't deal with and I couldn't be close. And that change and that closeness started for me when I got into the Parents United program. That was a little over 2 years ago, 2 years ago in November.

On our first meeting the best thing about it for me was—It wasn't one of the group meetings we had, but it was a meeting with a volunteer counselor who came out to our house and talked about it with us. And the four of us sat down in the room, and it was the first time that we had ever all sat in the same room and mentioned child abuse or incest or the problem or anything else. It was a big relief for me to at least have it open that far, to where it was something that I could talk about.

When we went to our first group meeting a couple of weeks later there was a huge relief in knowing that there were all of these other people in the room. It was a very small meeting that night. I think there were about 25 in our group alone, and that there were that many other people who knew what it was to go through, that there were a lot of other women who had been molested when they were children, and I finally felt that I had people I could go to who

understood what had happened to me and wouldn't treat me like some kind of a freak for having been sexually abused.

Through Parents United I have grown a lot. It is really hard to stand up here today because I feel—today I feel really good about myself. I feel very honored to be able to be here, and I also feel very proud of myself for being able to get up here and do this.

Six years ago, 3 years ago, I couldn't have done this. And I just want to share with you that the way I felt about myself and the way I saw myself then was someone who was not worth very much, someone very low, someone whose major worth was giving sexual favors, to be liked, to be loved, and today I am a person who believes in myself and who believes in my abilities, and certainly greater abilities than sexual favors. And I attribute that growth to the Parents United program and to my parents who have worked very hard with me.

I would like to share a little bit more information about the Parents United program and about the Daughters and Sons United program. Both of those two are self-help groups. And it is where families or family members go. And in the Parents United group there are fathers who have molested, there are mothers who have not molested, there are women who were molested as children, sometimes other interested related families that come in. My own natural father came to one of the meetings with me to try and understand a little bit more about what had happened. It is a real valuable experience to be able to have us deal altogether in one group. I felt that I was able to express my feelings. I got a lot of support in expressing those feelings, especially anger, and my parents also got a lot of support. And the big thing in the abuse was that I felt like if I ever told, I would be tearing them apart. In Parents United, I know they are supported too, and I can let out my feelings and know that it is not going to kill them because they have someone there to help them, too.

So that help for myself, and knowing that they have help, too, does quite a bit for me.

The Daughters and Sons United groups work very much the same way with children, and I have worked in those groups quite a bit, kind of in a big sister role to those kids who are going through the program now. That group is for children under 18. And I see tremendous things happen in those groups. I see kids for the first time being able to talk about what happened to them.

To kind of share with you what I see the difference in what has happened over the last 10 years or so since our program has been in existence, when I was being abused I never knew what sexual abuse was. I thought I was the only one. I had never heard of it. Some of the kids who have come into our programs now have seen newspaper articles, things on television, or have read about it, and they have a little chance to, you know, realize what has happened to other people and to find out what they can do. And, to me, that is just a huge step, just how much information is getting out.

Another thing is the training that our program does with professionals all across the country. I think Sergeant Blackstock will talk a little bit more about that, how important that is, that when these kids do report they have people in the Social Service Department, their teachers, the policemen, the courts, they all understand what

they are going through, and they have some means of dealing with it. The children I am working with in the groups are getting supportive services even through the criminal justice system, which has been, you know, notoriously in the past very hard-nosed and not very supportive of anyone involved. And I am going to police interviews with kids and they tell me how wonderful those officers are and how kind they were. And, to me, that is just a huge step, to see how much better it is getting for these kids going through and seeing what I didn't have and seeing what they are getting and imagining that in the next 10 years it is going to get so much better.

So I feel that, for me, personally, that my growth and my growth with my family has just been wonderful for me, for my family and for all of the areas of my life. And in working with the kids groups I see that as just terribly important for them also.

That's all I have to say.

Mr. MURPHY. Thank you, Beth.

STATEMENT OF DICK, PARENTS UNITED

DICK. My name is Dick. I am nervous as hell. I am a member of Parents United. I am very glad to be here.

Jo. I would like to give Dick just a second. This is the very first time he has ever spoken to anyone about abusing his daughter.

DICK. I am very grateful to have had Parents United because there has been very many times in my life when I had nothing. I spent 4½ years in prison for assault on a woman. I got out of there, was out for a very short period of time, was arrested on a child molesting charge. In this time I was given a chance to go to a State hospital, under the setup that handles sex offenders.

I spent 3 years there. I received some very intensive therapy, with other child molesters, other sex offenders, and during that period of time I got quite a bit of insight into my life, got in touch with a lot of my feelings, my childhood. By the time I got out of the hospital I was in pretty good shape. I was feeling more confident in myself, I was able to go out and meet people, join different functions, such as the square dance club. I was delighted I was a part of it.

I was out of the hospital about 4 years when I met my present wife, Jo, and about a year or so later we were married. It wasn't long when I found myself overwhelmed with responsibilities, the wife, three small children. It wasn't long after that I started molesting my daughter. It wasn't something I wanted to do. I had no place to go. I felt if I told anyone that they would dislike me, put me back in prison, whatever. I felt my wife would leave me. I felt I would be chastised by everybody around. I had had enough of that in my life. I didn't want any more.

After my wife found out about the molesting having transpired, our marriage, which hadn't really been too good ever, became very much worse. We found out that we were getting angry at each other more often over little, petty situations that—events which even brought me to the point of drinking too much, leaving the home, possibly seeking a divorce.

I decided to seek some therapy, marriage counseling. In the marriage counseling it came out that I had molested my daughter.

This is when we were told about Parents United. And this is when things started going uphill again. I now feel that my wife's and my relationship is very, very beautiful, we are getting along fantastically. I have a daughter who loves me, and I love her. We can sit and talk. I feel she looks up to me as a father figure now. These are things I wouldn't have without an organization like Parents United. I am here to seek your support, not only for me, but for the families who are in there now and the families who are coming in a year from now, 2 years from now.

I found a place that, unlike prison, with 65–75 percent recidivism rate, a mental hospital, with 15–20 percent, we have Parents Uniteds with less than 1 percent over the last 10 years. It seems to me that is working.

Thank you.

STATEMENT OF JO, PARENTS UNITED

Jo. My name is Jo, and I am Beth's mother and I am Dick's wife. When Beth told me that she had been sexually molested by my husband, it was the most difficult thing I had ever had to deal with. I remember we were in a public place, a 24-hour coffeeshop, her boyfriend, herself, and me.

The first reaction I had was that I had to keep from going crazy, and I didn't want anybody in the restaurant to see how distraught I was. I felt like screaming and running out on the street. And then I was touched with all of this pain I felt. And I looked at my daughter and in her eyes I could see there was nothing I could do to help her. I think it was the first time in my life I felt so helpless as a mother. I had so much pain of my own that there was nothing I could do for her. That's one of the disabling things about incest, the way it destructs the family roles.

I also felt a great deal of anger toward my husband. I felt anger as a wife who has found her husband seeking sexual gratification elsewhere. I felt a great deal of rage because this was my child and I had been hurt. And I went home with all of that rage and that anger, and when I walked in the door—and he had known that this was probably what was going to happen, that I was going to probably have this information—he was helpless. And I felt that I had hit him with that rage, that I had destroyed him. And I am not that kind of person. So I kept that in me. And when you do that, while I listened as much as I could to Beth and then kept my own anger inside—and when you do that, and I did that, I behaved in some other ways that is very disabling, crippling, and disfunctioning in our marriage. As Dick said, it wasn't good in the first place. We didn't have good communication skills. My way of letting him know how angry I was was to constantly harp on the things that he didn't do well. There was no way that he could please me in those next couple of years because what I was angry about wasn't what we were talking about. At Parents United we learned how to talk about things. When we came to Parents United I expected something like, oh, either a big auditorium and a lecturer standing up there telling us; "You are right, you are wrong," or some kind of a smaltzy kind of self-help group, you know, kind of flaky. I come from California, and one of the things we are noted for is that just about any organization can get input there. And that is

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something I really wanted to watch out, I didn't want a Jonestown. I wanted something solid with good therapeutic treatment. And what I found was that we do have trained, licensed marriage and family counselors, that even the interns working in the program, the volunteer interns, have already completed their master's degree and are working on their licensing requirements. These are qualified people.

But what makes that work is that, along with that qualified staff, is the self-help component. We work together. That is probably the whole secret to the whole thing, that we work together.

I cofacilitate a women's group with an experienced, trained staff person. We go out on speaking engagements with both staff and members. We work with the criminal justice system. We work with foster care placement. We don't try to isolate. We try to reach out to all the agencies that can support and help us deal with our problems.

The treatment we have received there has helped all of us. As Beth has said, her natural father has been to a Parents United meeting, he supports it, and, to the best of his ability, understands where we are at. My son has been there. My oldest daughter, not sexually abused, came for about 6 months. I think she has got insight as to how she wants to function in her own marriage far clearer than anything I was able to give her before.

I think that our jobs have changed, my husband recently received a promotion that I am sure he wouldn't have gotten a few years ago. I function well in my own work, and, most important to me, is that we have a granddaughter that is 2½ years old. She receives the protection of all of us. When my granddaughter comes up to me and I say: "Could I have a hug?" and she says, "No," I don't push that, and neither does anyone else. We are teaching her that she has a right to her own body, that she is a person with rights of her own, and I feel she will grow up to be a self-sufficient person. I am very pleased about that. I feel that the cycle of abuse has stopped in our family.

I think that without Parents United that today my husband would be in prison, probably for life. The condition that he was in at the time we were approaching Parents United was such that he was depressed, unable to cope well. I think he would have molested some other child. I was very angry, as I said. I was turning inward. That is called depression. I have learned that. That was depression that I was feeling. I wasn't doing well at my job. I was secretary to the county board of supervisors and even during meetings I would find my mind wandering to my own personal problems. It was getting more difficult to do my job well.

I think that without Parents United I would probably be using the county mental health facility in some way or another.

When I was writing this speech out I was trying to see where my daughter would be today and that I couldn't do a thing about, and I realize I don't want to think about that. I don't want to speculate with where she would be without this program. I have heard from too many women molested as children, some in their 20's, 30's, 40's, even a 71-year-old woman who started recently, who have not had an opportunity to work out their feelings about being molested. I have heard of numerous broken marriages, prostitution, loss of self-

respect, guilt, more child abuse of their own children, physical and sexual abuse, and other sorts of detrimental situations.

Over the years I have been a sociology student part time—I still don't have a degree, but I piddle away with that from time to time—and I have really an awareness of how this affects the community. And I decided, as you have heard here today from people far more qualified than I, that it is costly to keep a man in prison and it is costly to keep a mother on welfare and it is costly to keep children in foster care.

I have figures here. I am not even going to bother with most of them. I think you have already heard those. But my own experience has taught me, for instance, that typical marriage and family counseling costs about $75 an hour and yet we received individual family and multiple group counseling. We go through parenting groups, couples groups, orientation groups, human sexuality groups, and we have intense support from the members as well. They have been able to compute that it averages $3.80 per client contact for the professional staff to provide this counseling. If there was any way—and it is almost impossible to add in the kind of self-support that we get from each other, our members, but they think that might reduce that to 50 cents per client contact. It has also been figured that a new family coming into our program in the first 2 weeks receives 43 hours of contact. We are close. We care. We work together.

We are also aware, which I have also heard today, that, aside from these cost-saving factors, there are so many other more important things, such as the fact that our children are not going to be involved in drug abuse, prostitution, and other things that end up costing not only the system money, but also carrying that pain on from generation to generation.

It is a saying of mine that it is easier to build a child than it is to repair a man.

I think the most important single benefit of this program is that more and more people are reporting. I spoke just last week to a man over the telephone who was pretty scared and didn't know what to do. And we talked for about an hour. When that hour was up, he called the police department to turn himself in. And when he was through doing that, he called me. And he said: "They told me to come in tomorrow morning." He was absolutely flabbergasted that someone wasn't going to come out and handcuff him and carry him away in a black and white police car, that there was a humane understanding. And because I could tell him that, that was something he could expect, it was easier for him to do that reporting.

That kind of self-reporting saves a lot in dollars, and that is important. But more important is that it means that we don't have to put daughters on the witness stand and fathers pleading guilty. I say "fathers and daughters" because primarily we deal with father and daughter abuse, but there are others. But that is primarily what we deal with.

The child needs to hear that it wasn't her fault. There is a lot of guilt with that, as Beth has told you. She needs to hear that, and when that man pleads guilty, that is the first step to hearing that and for her own resolution.

I feel that I am not very well prepared to tell how this Nation's money should be spent. I am really aware that I have no comprehension of how that should be done. But I don't feel that there is any greater responsibility that this Nation can have than to provide protection of its young so that they can grow up to be responsible and rewarding adults.

Thank you.

Mr. MURPHY. Sergeant Blackstock.

STATEMENT OF CARROLL BLACKSTOCK, SERGEANT, SAN JOSE POLICE DEPARTMENT, SAN JOSE, CALIF.

Mr. BLACKSTOCK. My name is Carroll Blackstock. I am a San Jose police sergeant. I have been a police officer for almost 20 years, and the last 10 years have been spent in investigations, the last 7 of those dealing directly with sexual assault cases, child sexual assault and abuse.

I came here today to try to impress upon you of the important work that is provided by groups like Parents United and Parents Anonymous for the various communities throughout the Nation.

Parents United in San Jose and Santa Clara County is probably one of the most valuable resource tools used by the police department to meet its needs to the community. This is from so many facets that it would be impossible for us to go through them all today.

One of the primary considerations, probably, would be in cost savings both in the financial resources and in the manpower resources, because when we take a case now in an in-house molest situation, we take our investigative information to the DA's office, we are almost 90 percent sure we are not going to have to put on a trial.

We are not going to have to introduce a small child to a courtroom setting and have that child suffer the additional trauma of testifying against their own father. The district attorney's office knows we are not going to go to trial, that we are going to have a pretrial disposition, a guilty plea. He also knows, and the community knows, that that person who pleads guilty stands ready to serve whatever sentence is meted out by the court. The person has been prepared by the support group, Parents United, and understands that the community needs and the societal needs are that he be punished and admits his guilt.

That doesn't mean there are people and offenders going to prison. As Dick pointed out, he spent 4 years in the pen, spent another 3 years in a State hospital, and molested his children after he finished that process.

I think we have documented evidence, stacks of it, that that kind of treatment program doesn't work, that those people are recidivists, and that they continue and the cycle continues and we haven't gotten anywhere except spending a lot of money and bringing a lot of pain to families.

From a police officer's standpoint, the traditional method has been to be very hardnosed and try to be very objective and "just the facts, ma'am," and that sort of police work, and we are learning almost daily that it doesn't work very well, that the more we

can deal with all types of offenders, all types of situations, in a more humanistic way, we are much more successful.

Parents United's child sexual abuse treatment program is a viable and, as far as I am concerned personally, the only alternative, the only method we have to deal successfully with this kind of situation.

Thank you, Mr. Chairman.

Mr. MURPHY. Thank you. I would like to ask you or Mr. Lieber: Parents United receives funding through the National Center? Is that where the funding comes from?

Jo. I understand we receive three.

BETH. Our understanding is we receive $300,000 from the National Center really.

Mr. MURPHY. Where is Parents United located?

Jo. We are in San Jose, Calif.

What I meant to tell you is we conduct a national training program. We have 50 other chapters, and through the training program, which includes not only child protection people and social workers but it also includes law enforcement agencies, judges, and DA's, we try to investigate, as I say, every one, and with this training they set up new chapters. There are now 50.

Mr. MURPHY. Was the $300,000 spent in your chapter, is that where the money is spent?

Jo. I am not certain. I think it is for the training program.

Mr. LIEBER. I can testify on the way the money is used. It is used throughout the country to certify people and train lay people on how to best deal with child sexual abuse. It is also used with presently existing Parents Anonymous groups so they can offer a total package to the families with almost no cost at all.

Mr. MURPHY. Jo, you mentioned that you were interested in your family's activities, so I want to ask you, weren't you interested in becoming aware of why your husband was in the girl's bedroom?

Jo. First of all, I didn't know he was in her bedroom. That usually happened, as I understand it, when I was asleep, and as Beth says, she didn't tell me. What I mean is I didn't see it. I don't mean I deliberately turned my head away, but I feel I could only perceive what I could handle. The only thing I could compare it to is, one time I miscarried a baby and it took me 4 or 5 hours to realize that happened, because when the pain is intense, you don't see it, and I think that was a lot of that. First of all, he was contriving it so I couldn't see, but, second, I wasn't looking for that. I didn't see the children——

Mr. MURPHY. You say the pain was intense. Did you feel the pain at that time? You say you had no suspicion?

Jo. No; but what I am saying is if I had held that suspicion, it would have been pain I couldn't have dealt with. It doesn't come in the conscious; it might have come in the subconscious. I don't have any recollection of any indication.

As I realize now, I should have wondered why my daughter wanted a lock on her door. She said it was to keep her brother from stealing money from her. I believed her.

I remember that a close friend was talking to me about her teenage daughter wasn't behaving very well, and as I listened, I thought: I believe this girl is being sexually abused. It turned out

that was the case. I didn't know that then. I wouldn't know that then very well. I didn't know the signals, but now it is much clearer to me.

Mr. MURPHY. Why didn't you seek help during those years, Dick?

DICK. As I said before, there really was no place I felt safe in going to. I felt if I went to the authorities or a psychiatrist, I would be turned in, I would lose my family, lose my job, and probably end up back in jail.

If I had known there was a group such as this—actually there wasn't at that point—if I had known, I am quite sure I would have checked in immediately.

I had told my wife before we ever got married I had been in trouble before and what it consisted of, et cetera, and she was willing to still marry me, knowing this had been in my past.

Mr. MURPHY. Mr. Miller?

Mr. MILLER. Thank you, Mr Chairman.

I want to thank you all very much for your testimony.

It is interesting how we come full circle. When the problems of sexually abused children, child pornography hit the Congress some years ago, we went out to Los Angeles and held a hearing, and I forget the gentleman's name, but it was in one of the testimonies today—it was a policeman named Martin who presented us all with the slides and all the terrible stories about "chicken hawks" and young children being brought in to child pornography.

At that time the Congress was going to come down very hard; we were going to make everything illegal. We were going after the Post Office and Customs Service and all these things you heard about.

Two things happened in that hearing.

First, Richard Dreyfuss, the actor, came before the committee and said, "I think you ought to be very careful about what you are doing in terms of making certain things illegal." He was very concerned about the very same punishments. It is interesting that last night the movie he was most concerned with was shown again on national TV, and that was "American Graffiti." The Congress would have made that movie illegal under the Child Pornography Act or the original provisions of the law.

Second: Representatives of Parents United, a family much as yours, came before that committee and told them exactly what you have told us, and I think it reeled the committee. They had not expected somebody to make the admissions that you have just made. And also Hank Giarretto came before that committee, and I am not sure, sergeant, if it was you—you have mellowed, if it was—the other guy was a much tougher cop. Was that you?

Sergeant BLACKSTOCK. No, sir.

Mr. MILLER. He was a real tough fellow, that guy. He came in and explained to us how we could deal with these families, how we should avoid prison, how we could avoid these excessive costs, how we could have success; and how that family could have success; and that it was one of the things to be very concerned about, and that is that we don't get so lost in the area of child pornography and lost in the harsh sentencing and making new laws and making new actions crimes, because then people like Dick and people like the gentleman who was there that day and others would be afraid to

come forward because they are sure they are going off to jail, they are sure they are going to lose their job, and they are sure all these ills are going to happen to them.

One thing we learned and I have learned in that effort, spending a lot of time with Parents United, as chairman, is that if none of those things happened and if people like Dick are given a choice, they can change their lives and the family can change its life and the family can come back together.

I was a little concerned when one of the previous witnesses suggested the only beneficial thing we have been able to learn is that recidivism through delivery of some of the services has been dramatically reduced. I suspect that for Beth and for her father and people who come in contact with sexual abuse in the family, that is a rather dramatic factor and a rather important one, one that ought not to be discounted.

I also hope, for people who believe that in the Congress we can simply cut money and it will have no impact, that perhaps they would see the tapes of today's hearings. These are not functions, they are not categories, they are not programs. They are people's lives that we are cutting, and as you know, this profamily administration is also decimating the Child Abuse Act. The $4 million that the Congress finally put in after 3 years last year is slated to be taken out, those funds to address the problems of child abuse, and I thank you, Mr. Chairman, for putting it back in, at least in our committee print.

But I think the country ought to understand that families like this are the subject of those budget cuts, not some bureaucrat in Washington, but many, many families time and time again, just like this. And you do have a right, Jo, to tell us how to spend our money, because I think you can signal the substantial evidence that many times when the money is spent, it helps us at a local level and in fact saves families and is in fact preventive.

I would hope this committee, after hearing this testimony and the testimony of the previous witnesses, would gear down and hunker down for a very tough fight. I can't think of a more important issue than the healthy lives of our children and, hopefully, the preservation of some of our families.

Parents United and Parents Anonymous, as was testified earlier, have brought back to this Government many, many fold the amount of money we have ever delivered out in terms of community involvement, and police involvement, and judicial systems involvement and in terms of the preservation of those families.

And, Dick, thank you very, very much for sharing your testimony with us this morning. There was a gentleman much like yourself that got that $4 million—that $4 million out of $650 billion—and that $4 million started it, and maybe you will allow us to keep it going. I really appreciate your coming in.

DICK. Thank you very much.

Mr. MURPHY. Mr. Erdahl?

Mr. ERDAHL. Thank you, Mr. Chairman.

I, too, want to echo what my colleague from California said, and I want to commend this family for being here. For each of you, it is a courageous thing to do. It is what we might call a "gutsy" thing to come before us today and share these things with us.

I have just a couple or maybe three questions, first of Beth. As you have dealt with other people who are involved or have been involved in similar problem situations, is it pretty universal that it is a surprise to find that this isn't all that unique? You may have thought, as you said, "I am the only person in the world something like this has happened to." Have you found that it has happened to others who are, say, 10 or 12 years old?

BETH. I think among girls the average age has been maybe 15, 16 years old, that is, a few years ago the average age of girls reporting was about 15, 16 years. Informally, although we haven't had money to research it, but informally we have seen the age is getting down to 12 and 13 years old, and, of course, we have preadolescents reporting. I think the age of kids reporting shows they are learning about sexual abuse and learning that other people in other places are getting help. Also I have heard from other girls who have read articles and seen programs, and this has encouraged them to find help.

Mr. ERDAHL. Another question that comes from that is that really we think not only about treating situations that have occurred but about preventing situations like this from arising and knowing that that can be done. And also of the sergeant I would ask whether it is through the law enforcement agencies that this is done or just through an awareness on the part of parents. Obviously, I guess not enough is being done.

BETH. No; there's a great need. One of the common misconceptions I have run across is that with preadolescent kids, people object to young kids hearing about sexual abuse, and we have a very difficult time getting any educational bill for the kids in school because they are too young and they will be too upset to hear about it. My own mom felt that as a 12-year-old I was a little young to hear about it, and I was being abused for 4 years. And in fact we found that there were 4-year-old girls—the youngest was 18 months—who were sexually abused. It starts at any age. It is important that kids know about it and know there is some place they can get help. Also we do have resource people, the people who are dealing with those kids, so they can learn to identify with them and know there are places to get help.

We have a very large program. We do a lot of outreach, but there are a lot of places in our own county that don't know about our program. It is a continuing, constant effort, and it is something we can't afford to let fall because there is still a lot of work that needs to be done.

Mr. ERDAHL. Sergeant Blackstock?

Sergeant BLACKSTOCK. Yes. The openness that has been brought to the community by families such as this and the discussion and community education has allowed the police, law enforcement, and the criminal justice system to modify its training programs. We are able to go into schools at lower grade levels and discuss things like this openly, where a few years ago it was impossible, it wouldn't have been acceptable by the community, but because of the openness generated by groups like Parents United, we are allowed to do that now. So it is an educational process that even the law enforcement people can get into.

Mr. ERDAHL. Thank you.

Dick, you mentioned you had spent some time in prison and, I guess, in another State institution?

DICK. Yes, sir.

Mr. ERDAHL. Evidently they didn't help you. Can you share a little bit of that with us, because that is another mood in the country? I suppose many people probably don't have a whole lot of sympathy for that sort of activity, frankly.

DICK. That's right, they don't. I felt that prison did nothing but incarcerate me for 4½ years. They gave me—I suppose there was some training available, as far as jobs or something. I did clerical work most of the time I was there. Some of it was paid clerical work, such as $5, $6 a month, which allowed me to buy some cigarettes and things.

I got in no trouble at all while I was there. I was considered a pretty model prisoner, I guess. When I was released from there, as I say, I was out for just a very short period of time, 33 days, and I was back in trouble again. So I really feel it had nothing to do—the prison wasn't going to deter me from doing what I was doing, with my background. The feeling within myself was not being able to deal with the problem.

Mr. ERDAHL. If I could ask you this, did they make any attempt? Did you have any counseling?

DICK. There was nothing available at that time in the prison system. This was in Washington State. At that time there was nothing available.

Mr. ERDAHL. You were locked out?

DICK. This was 20 years ago. I got out in 1960. At that time they were considering having some psychologists available, but it was just a very pilot program by the time I got out.

Mr. ERDAHL. I think you were here when the other people testified. We have heard mention made about this pattern of sexual abuse. Again, do you care to say—I don't want to pressure you on this, considering your own background, but was there some pattern of this in your childhood? Do you feel there was a cycle of abuse in your own childhood?

DICK. I was molested as a child by an older sister. I had a very overprotective mother, and I feel that this gave me a lot of my problems right there, and this is something I have dealt with and am still dealing with. I am still going to therapy off and on.

When I feel things are coming to a point where I am running into some problems in my life, I am ready to jump back into therapy and say, "OK, what is causing this? Is this something from my childhood or my work, my job situation, or what is this that makes me feel like this?"

I do have that resource right now, though. I feel very comfortable in jumping back into that.

Jo. May I say something?

Mr. ERDAHL. Yes.

Jo. When Dick says he jumps back into therapy, he means that in addition he attends on Wednesday nights at Parents United as an officer there, and he works in the group, but when he says he has intense feelings he wants to deal with, he goes back to the individual therapist that is also provided by Parents United. So our

counseling is an ongoing thing, but there are different degrees and different parts of it.

Mr. ERDAHL. Maybe you would care to comment about this. I haven't heard anybody say a word about it, but it seems obvious from seeing you that a big component in this type of reestablished relationship has to be forgiveness and acceptance.

DICK. Beth, that's yours.

BETH. OK, forgiveness and acceptance. Forgiveness is something I have a lot of trouble with, and it is something I get asked on almost every speaking engagement I have done: Have I forgiven my father?

I say that I accept him and love him and look up to him as a father, but the word "forgiveness" implies forgiving and forgetting. It is somehow saying the past is past and this hasn't affected me and it's all OK now.

I can never say it is OK that he abused me. I can say we have grown closer now and have a much better relationship, but to me the word "forgiveness" implies some things I don't feel fit to accept.

Mr. ERDAHL. Thank you.

Mr. MURPHY. Unfortunately, the staff underestimated or overestimated the time we would have for witnesses and scheduled another very important panel, and I would ask Dr. Thomas, Vanette Graham, and Adrienne Haeuser if they would prefer to wait. It is absolutely necessary that we recess the hearing at this time. I will give you an opportunity to testify later today. We can reconvene at 3:30. The House meets for session, I have an address to give, and I then have another very important meeting at 2 o'clock.

We could reconvene at 3:30, or if the witnesses would like, they may just submit their testimony or they may come to my office at 3:30, at which time they can submit their testimony, as well as have an informal discussion. So with apologies from myself and the staff, would you care to now pick the second best approach?

Adrienne?

Ms. HAEUSER. Yes.

Mr. MURPHY. Are you going to be in town until 3:30?

Ms. HAEUSER. Yes; I will be here, and I can come to your office, or I would be happy to reconvene here.

Mr. MURPHY. All right; Mr. Erdahl says that he will stay until there is a recorded vote on the floor. We hope that will not occur, certainly until the panel finishes.

So if you would like, then, to continue, with my apologies, I must leave, and I will be available at 3:30. I will also have the testimony and will read it through.

So we will have Dr. Thomas, Vanette Graham, and Adrienne Haeuser as witnesses.

Mr. ERDAHL. This obviously gives us evidence that our concern in this area goes across party lines. We happen to be members of different political parties.

Mr. MURPHY. I didn't know that.

Mr. ERDAHL. Well, you might find out. This is no place for partisan politics, and we will all miss our lunch together.

This doesn't need to be on the record.

[Discussion had off the record.]

Mr. ERDAHL [presiding]. Again, I guess we can go down the list I have had furnished me here of the three people involved. Please identify yourselves for the record, and if there is no objection, we will start in the sequence as I have the witnesses listed.

The first witness is Dr. George Thomas, president, Regional Institute for Social Welfare Research, from Athens, Ga. Dr. Thomas.

STATEMENT OF GEORGE R. THOMAS, PH. D., PRESIDENT, REGIONAL INSTITUTE OF SOCIAL WELFARE RESEARCH, ATHENS, GA.

Mr. THOMAS. Thank you, Congressman, for your patience and sustaining power here.

I would like to say that our institute does operate the Southeastern Child Abuse and Neglect Resource Center, and I will cut my remarks very short because we are in the lunch hour.

There are two things I would like to say essentially, but, No. 1, as a preface, I have been working for children for roughly a quarter-of-a-century, and I share the comments of many of the people here that there wasn't a whole lot happening before this initiative launched by the Federal Government.

I am inclined to think, under a block grant approach or some other similar approach, we are going to face a very serious diminishment, particularly in the voluntary and local sector of services where the people have literally come out of the woodwork in this country with their good faith and their good offices and their good efforts on behalf of children and the types of families we have heard from this morning, with no money involved, with nothing except what we might call in perhaps in gross terms the American spirit to do something for the rest of us in this country. And they have done it.

The decade of the seventies was an unparalleled time of growth and effort on the part of people in communities on behalf of other people in their own communities. This comes from the national initiative; it wasn't there after World War II, and it wasn't there in the sixties when I was around, and it wasn't there until this initiative was passed.

In our own region of 734 counties, well over half of those counties have some form of volunteer multidisciplinary council, advisory groups, Parents Anonymous groups, or some other sort of assistance groups that go to courts or other places and that are voluntary in nature and receive no funding. And, by gadfrey, if we go to a block grant approach, I can almost guarantee you from experience that the message that goes forth from Washington will be that the States own this problem and it is the States' responsibility to take care of that problem, and the folks in those communities will back off.

That is the way it was before this initiative. The child welfare agency owned the problem, and the people in the communities did not deal in it. We had very low participation before this initiative began, and the block grant approach will send that message forth again, that voluntary help is not necessary and isn't needed, because people need encouragement to get on the bandwagon and to get out in the evenings and do the work that they are not other-

wise called on to do to serve their own families and their own economic status.

I would say one other thing, and that is that the families that were here this morning and that could tear anybody's heart out in terms of their own circumstances are all over this country. I can give you one example of how a resource center—I have a lot of other remarks, but I am going to lean on this and quit—one other example of how a resource center can aid the States in its region and local governments and these lay citizen groups at a very modest cost across the vast network of services in our region, and this amounts to 40-some-million people in those 734 counties.

The issue of adolescent sexual abuse came to us in very many ways from very many sources as a resource center a few years back, and for a very modest effort we then turned around and we were able rather immediately to survey all the child protective service workers in the region, over 2,000, to find out what they were up against in the public agencies. The one thing that surfaced was that, "Hell, we can't even get in contact with these kids" because of many of the things that these older children said this morning about keeping inside themselves, afraid that they were freaks or what-have-you, they don't come in for service.

Half of the children in this country now in child welfare caseloads are adolescents, and they don't come in for service. One and a half percent of the entire child welfare caseload is walk-ins. One and a half percent of the adolescents are walk-ins. They have got to be dragged in.

So one of the problems was: How do you reach this adolescent who has been sexually abused? We designed a teletape system, and with the good offices and a great deal of cooperation from the Knox County Family and Children Services in Tennessee—that is a private social service agency—we put on a 1-year demonstration of a way in which we would cope with it and allow these children to come in anonymously and deal with an agency and declare themselves when they felt comfortable, and in that year, Congressman, the number of sexually abused adolescents in Knoxville, Tenn., who were validated as having those problems and who were reaching services increased by over 150 percent, from something like 60 percent in that community to over 150 percent in 1 year through this service. We touched them. We were able to communicate with them. And some of these kids who were here this morning, maybe they could benefit from that service. It cost $600 for the teletape, a lousy $600, and if you have a little training for volunteers, you can run that program all over the country. And this is a result of the kind of activity by which many communities, everybody from Lieutenant Governor Curb in California to a private group in Virginia Beach, Va., have received the self-instructional manuals as to how to set up this program, with no cost, over 250 localities. And added to that, if you take this money and if you split it up, as some said, in absurb little formulas among the States, we will be in a position where we will have no lead, no initiative, and we will have created a profound void in this country in terms of leadership that no private organization can deal with.

I think we in the field of child abuse and neglect ought to be at least on the same level of concern with the Federal Government

that the Federal Government shows for small business, which is a legitimate Federal concern also, because the Federal Government provides capital initiatives for innovation in small business—and goodness knows, we need it. And who else is going to do it? Nobody.

So in my view, if we cease this initiative, we will have created a profound void, and it will rattle in our ears and in our ears and in our ears for a long time to come, because we will be returning to the days of yesteryear. And maybe the Lone Ranger likes this, but I don't. I hope some interest in this committee prevails, at least in some small way, to keep some of these small things, these few things, going.

Mr. ERDAHL. Thank you very much, Dr. Thomas. I appreciate your candor.

[The prepared statement of George Thomas follows:]

PREPARED STATEMENT OF GEORGE THOMAS, PH. D., PRESIDENT, REGIONAL INSTITUTE OF SOCIAL WELFARE RESEARCH, INC., ATHENS, GA.

The decade of the 70's was a time of growth and change in child protective services unparalled in our history. Public concern about the problems of child abuse and neglect exploded and the detection and reporting of these problems skyrocketed nationwide.

Virtually every state legislature responded by changing statutes to improve reporting, to extend protections to sexually abused and exploited children and to provide guardian ad litem representation in court processes. State CPS agencies benefited from increased funding for services, enriched staff development programs and the lasting effects of numerous service innovations initiated with newly available "seed money." Nationally, in one year alone, between 1978-79, Title XX funds spent for CPS more than doubled and, according to informal survey, between 20 and 30 service innovations started with funds provided by NCCAN had found their way permanently into state service delivery systems following termination of seed money support.

Community-based supportive services such as child abuse advisory councils, multidisciplinary diagnostic teams, Parents Anonymous groups, and others multiplied, greatly enhancing the much desired but rarely achieved linkages between public services and voluntary resources.

The significant expansion in research and information transfer activities greatly broadened our knowledge about the magnitude of these problems, our understanding of the relationship between such factors as parent-infant bonding, social isolation and family stress and abusive or neglectful parental practices, and our insights concerning the appropriateness of various intervention strategies and techniques.

None of this occurred by accident or the spontaneous coming together of disparate activities and interests. Rather, this pace of growth and change resulted from the passage of the Child Abuse and Neglect Prevention and Treatment Act of 1974 (93-272) and its subsequent reauthorization that served to provide a national focus for scattered and unorganized concerns and the venture capital needed to convert these concerns into tangible gains for children in need of protection.

For those who disagree with this conclusion, reflect for a moment upon the progression of child welfare services during the period from the end of World War II to the enactment of 93-247.

That period was marked by episodic, unsustained and ineffective advocacy movements, somnolescence in the chambers of state legislatures, with few exceptions no growth in our research supported knowledge base, and a virtual exclusion of community participation in public services coupled with a gradual but steady decline in the status, funding and fortunes of public child welfare services.

For those who concede the accuracy of this historical sketch and the startling differences in the pace of growth and change promoted by enactment of 93-247, but who also believe the national initiative has accomplished its purposes and should be ended, I ask whether child abuse and neglect remain a rightful concern of government and whether, in terms of magnitude and geographic distribution, these problems remain national in character.

If so, I ask who, in the absence of a national initiative, will shoulder the burdens of focusing national attention and providing the venture capital vital to sustaining and extending the phenomenal gains of the 70's?

In the private sector there is no source, or aggregate of sources, with claims upon legitimacy or resources capable of filling this leadership void.

In the public sector, the burden will fall squarely upon the states. Internal political realities that vary state to state and external competition between the states for declining resources within a condition of sustained

inflation dim prospects for states assuming a coherent leadership role. Further, the states' frantic searches for funds to meet the escalating costs of on-going services make it a virtual certainty that they could not justify reserving discretionary funds for venture capital activities such as research, service experiments or community development efforts, that have, perhaps, less obvious immediate payoffs.

The states have proven, however, that they can profit from a federal-state partnership within which the federal government assumes the national leadership and venture capital roles.

No time would be more propitious for supporting the continuation of this partnership than now.

As a nation, we enter the 80's with an undiminished concern for the protection of our children. I see no signs of public unwillingness to provide the funds to meet this responsibility.

But continued financial support, in and by itself, will not assure better protective services for children. Although Title XX expenditures for child protective services more than doubled during fiscal 1979, representy the largest proportional growth of any program receiving such funds, there continue to be virtually no public child welfare services designed for adolescents, even though adolescents now represent nearly half of the nation's child welfare caseload,

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and the use of residential placements continues to climb, to the point where over one-half million are now in placement.

Our nation's child welfare service system has developed a tradition over three-fourth's of a century of serving younger children and relying heavily on out-of-home placement services. This tradition has guided the states down a "business as usual" path in using increased funding to expand traditional services.

We desperately need a continuation of a national initiative to focus our attention on unmet needs and inadequate services, and to stimulate experimentation and demonstration of new ideas and new ways of doing things. Such activities do not come about by magic, they must be supported, just as innovation in small businesses must and is being supported by the government. Like child abuse and neglect, this is a legitimate national concern and no one else can or will respond to it.

If Congress does not continue this act it will have created a profound void, one that will ring in our ears when upon reflection we find ourselves taking more satisfaction in what was accomplished for the children of the 70's that what we anticipate for the children in the 80's.

We must and can do better than we have done by building upon what we have learned. To that end, I suggest that

consideration be given to the following specific matters relative to reauthorization:

1. The public conscience has been awakened, thus public awareness activities should be given lower priority.

2. The demonstration grants program has funded, by and large, less than novel agency service programs that have generated little of use for the field. If continued, these funds should be focused on demonstrating novel ways of creating community involvement in public agency services and in protecting children from harm in out-of-home placements.

3. The research grants program needs better focusing. In particular, research should be directed toward determining what is right about cultural, ethnic and racial variations in family life styles so that we can learn the difference between that which should be honored as distinctive and that which should be altered because it is deviant.

4. The National Center should remove itself from promulgating model standards for practice and model laws for the time being. The state of the art is not sufficiently exact to support national practice standards, thus such efforts are premature and when carried out have all the flavor of bullying.

5. State grants, if they are continued as part of a reauthorization, should be freed of regulations and requirements that, while logical on their face, were often interpreted absurdly in the past by government officials. Such grants should, nonetheless, be restricted to use for demonstration rather than on-going service provision.

Tinkering of this sort would, I believe, enhance the impact of this national initiative. I think it is fair to say that this initiative has stimulated an extraordinary return for a very modest investment. This both proves the vitality and value of this initiative and demonstrates the need for its reauthorization.

DOCUMENTATION OF EFFECTS OF CHILD ABUSE PREVENTION AND TREATMENT ACT IN REGION IV

Region IV CAN Resource Center

1. Problem.--Rural counties do not have, nor do they have the capacity to develop and support, a full range of social services to families and children in trouble. Moreover, numerous barriers rooted in tradition and the workings of county government undermine multi-county collaboration.

   Action.--A program was designed and implemented to effect multi-county collaboration so that through sharing, the populations within a set of contiguous rural counties have at their disposal a full range of services.

   Outcome.--A program was successfully demonstrated in a three (3) county area of South Carolina which led to the creation of a multi-county operated umbrella agency. This agency is legally incorporated and, in addition to setting and monitoring collaborative arrangements in the three county area, has obtained funding to directly operate child group home and crisis service agencies that represented outstanding service gaps in the past.

   Self-help "How-To" manuals were developed and have been distributed to over 100 other sources nationwide over the past 3 years.

2. Problem.--State Social Service agencies expressed a need for a self-operated training program to fill a need for on-going development of quality staff not met by short term training and/or schools of social work.

   Action.--A statewide child protective services staff certification training program was developed in collaboration with the American Humane Association.

   Outcome.--This program has been implemented by the states of South Carolina and West Virginia. Both states are currently working on major restructuring of their job classification, merit system, pay scale and rate systems in response to this training program to upgrade the quality of their permanent staff.

Tenets of this program have also been utilized by Cornell University in structuring their Child Protective Services Training Institute which will meet a similar need in New York.

3. Problem.--State Child Protective Services agencies have lacked detailed information on the problems their statewide staffs are confronting, what they need to improve their performance, and what kinds of tasks they are performing that impair their ability to plan effectively.

   Action.--Data were gathered systematically from over 2,000 CPS workers and supervisors in conjunction will all eight (8) Southeastern state CPS departments by direct mail survey.

   Outcome.--State reports on problems, task performance, and needs were prepared for use for each state CPS agency. To date, Florida has used the data in preparing its budget requests and North Carolina has employed its data in developing a long-range plan as mandated by the Governor.

4. Problem.--Placing families and children in touch with available helping services frequently requires the intervention of a trusted neighborhood agent other than law enforcement.

   Action.--A program was designed to utilize neighborhood pharmacists as CA/N information/referral agents.

   Outcome.--The merits of this approach were demonstrated in Memphis, Tennessee and, partly as a consequence, CA/N course work is now a permanent part of the curriculum at the School of Pharmacy, Memphis State University.

5. Problem.--The state-of-the-art in child advocacy among non-governmental groups and individuals is frequently characterized by conflict and the use of primitive or otherwise ineffective techniques.

   Action.--A first ever Southeastern Conference on Child Advocacy was conducted for 300 representatives of non-governmental organizations concerned with the welfare of families and children that focused on the learning of effective advocacy techniques.

Outcome.--At least two (2) privately funded community wide child welfare service agencies have been created in Charlotte, North Carolina and Huntsville, Alabama as a direct result of the conference.

6. Problem.--Partly as a result of greatly increasing caseloads, state social service agencies expressed a need for better case management approaches in processing child protective service cases.

Action.--A three (3) volume set of "How-To" manuals for case management in child protective services was developed.

Outcome.--Portions of these materials have been utilized to make system improvements in Georgia, South Carolina, New York, Washington and elsewhere. The manuals are now used as instructional tools in the School of Social Work, University of Washington.

Over 200 sets of the manuals have been distributed to interested agencies nationwide.

7. Problem.--Concern is increasing that social service agencies are not reaching the abused or neglected adolescent child, particularly those who have been sexually abused. Coincidentally, there is a lack of knowledge and technique in how to reach this troubled group.

Action.--A project was designed utilizing a tele-tape message and follow-on counseling to reach sexually abused adolescents and implemented in Knoxville, Tennessee, in conjunction with Knox County Family and Children Services, Inc.

Outcome.--Among other things, this program demonstrated a method for successfully reaching adolescents in trouble as reflected in an increase in validated adolescent sexual abuse cases in the Knox County Department of Human Services caseload of over 150 percent following the first five (5) months of the project's start up.

A "How-To" manual was developed for self-implementation of this approach and distributed to over 150 communities upon request. Virginia Beach, Virginia and Sarasota, Florida are among the communities that have initiated similar programs as a result.

8. Problem.--Local citizens often express a concern with the issues of child abuse and neglect but lack the ways and means of organizing to make their participation meaningful.

Action.--A methodology was developed to bring broadly based citizen representatives together for the purpose of organizing permanent local advisory councils and/or multi-disciplinary teams.

Outcome.--The methodology has been employed to create or enhance the operation of local CA/N councils or teams in numerous urban sites in Alabama, Florida, and Georgia.

"How-To" manuals to assist with start up in other sites have been distributed on request to over 100 communities nationwide.

9. Problem.--Investigating and responding to CA/N in residential settings is surfacing as a major responsibility and problem for state CPS agencies. Knowledge and techniques for meeting these responsibilities are lacking.

Action.--A series of draft conceptual papers has been developed. Additonal efforts are being undertaken to develop practical "how to" guides.

Outcome.--While the papers are not as yet in final form, they are being used by the states of Florida and North Carolina in developing state policy and procedures for handling CA/N reports in residential settings.

10. Problem.--State CPS personnel expressed concern over the increase in reported cases of child sexual abuse. They lack knowledge of the nature of cases being reported and the problems and training needs of workers.

Action.--Data were gathered through a systematic approach from over 1,000 workers and supervisors in conjunction with all eight (8) state CPS departments by direct mail survey.

Outcome.--State reports on the nature of cases handled, problem areas encountered, task performance and related training needs were prepared for use for each state CPS agency. To date, Florida and Kentucky have used the data for state level policy and staff development activities.

11. Problem.--States are plagued with problems associated with the implementation of the guardian ad litem mandate. Resources, a conceptual model to serve as guides, and a lack of fit between the public social agency and the court are generally lacking.

Action.--A regionwide survey of judges was conducted with the endorsement of the President of the individual state's Juvenile Judges Association and/or the State Attorney General in five (5) of the eight (8) states in the Region.

Outcome.--A child advocacy group and a Chief Judge in Florida utilized preliminary findings to present to the Legislature for the purpose of changing the mandate to apply to representation for every child in a judicial proceedings.

To date, over 100 copies of the document, which includes a skeletal model of a guardian ad litem office, have been distributed on request nationwide.

12. Problem.--Knowledge regarding child abuse and neglect and related matters has been at a low level. There has been a need to inform the public regarding the nature and causes of the problem, reporting responsibility and procedures, etc.

Action.--A comprehensive library of holdings on CA/N and related materials has been developed. The availability of these and other materials, as well as articles of a substantive nature, are brought to the public's attention through a quality newsletter which has a national audience. Additionally, a one-page informational sheet and a catalogue of library holdings which is updated quarterly have been instituted.

Outcome.--On the average, approximately 250-300 requests for information and/or audio-visual materials are received monthly. These requests, to which immediate response is possible due to the computerization of library holdings, are received from public and private social service agencies, law enforcement, medical/health personnel, educators (including higher education), volunteer groups, and the general public.

Mr. ERDAHL. The next witness is Vanette Graham, project director, region III: Child Abuse and Neglect Resource Center, Institute for Urban Affairs and Research, Howard University, Washington, D.C.

Ms. Graham, we are glad to have you with us this morning, although I believe it is afternoon now.

STATEMENT OF VANETTE R. GRAHAM, PROJECT DIRECTOR, REGION III, CHILD ABUSE AND NEGLECT RESOURCE CENTER, INSTITUTE FOR URBAN AFFAIRS AND RESEARCH, HOWARD UNIVERSITY

Ms. GRAHAM. Thank you very much, and again I wish to express my thanks for your perseverance. I will summarize my comments and submit them for the record.

I do want to say that prior to my experience at the Resource Center, I was involved in direct services for a child-abuse-and-neglect program facility, at which time I had the opportunity to see many of the million children reported to be abused and neglected each year. And I also saw a great many of those children, an estimated five children who died daily as a result of that abuse and neglect. I can tell you that the kinds of injuries inflicted on those children by their parents and caretakers are unbelievable.

But this can be alleviated if we have help within the community. If we accept the premise that all it takes for child abuse and neglect is a parent or caretaker or child in a crisis situation, then we can anticipate that there is going to be an increase in both the incidence and rate of child abuse and neglect in years to come, because of the unstable economy, because of insufficient housing, because of unemployment, and a myriad of social ills and pressures that exist.

We can also look at the figures in terms of foster care. Currently there are over 500,000 children in foster care across the country. The two major reasons for their being in care are child abuse and child neglect, and the two contributing factors to this are insufficient income and inadequate housing. So we have a real problem facing us.

All of the regional centers are responsible for providing information, technical assistance, and training. How we do that is very often left up to the individual center.

I would like to mention two things in particular that I feel we have that are somewhat unique. We do have a program at the Lorton Reformatory for the residents, at their request, because they recognize, in terms of learning about the dynamics of child abuse and neglect, that unless they intervene at this point in time, their children and other residents' children will be in the same prison statistics 15 years from now.

So we are saying that many children who were abused and neglected are in the prison system. We are trying to break that cycle.

The other thing I would like to mention is that you have stressed the cycle of abuse. Although there are many people who take exception to this, I think we have strong evidence that in fact the abused child often becomes the abusing parent.

We are looking at the whole question of elderly abuse, in which that abused child grows up to become the abuser of his own parent after that parent becomes a senior citizen. So we do need to intervene.

Last, I would like to say that if our Nation's children are not as important as our Nation's defense, then we are in deep trouble.

Thank you.

Mr. ERDAHL. Thank you very much.

[The prepared statement of Vanette Graham follows:]

PREPARED STATEMENT OF VANETTE GRAHAM, PROJECT DIRECTOR, REGION III, CHILD ABUSE AND NEGLECT RESOURCE CENTER, INSTITUTE FOR URBAN AFFAIRS AND RESEARCH, HOWARD UNIVERSITY

Good morning. My name is Vanette Graham, and I am the Director of the Region III, Child Abuse and Neglect Resource Center. This is one of ten projects across the country and has responsibility for the five States of Pennsylvania, Delaware, Maryland, Virginia and West Virginia and the jurisdiction of the District of Columbia. Prior to this experience, I worked in direct services for a child abuse and neglect program operating within a local pediatric facility. In this capacity, I saw some of the million children estimated to be abused and/or neglected yearly in this country and was, on occasion, involved in cases where injuries resulting in the death of a child, added to the estimate of five children dying daily. The bruises, burns and broken bones were inflicted on children of all ages, ethnicity and economic backgrounds. Even young infants were not immune from sexual abuse. Psychological testing was often necessary to determine the insidious nature of emotional abuse and neglect on a child and the possible consequences to his/her future adjustment. It was, at times, difficult to believe the many kinds of injury and the various forms of cruelty which could be inflicted on children. If we accept the three element model of cause—a parent or caretaker, a child and a crisis or stressful situation—then we can anticipate an increase in the incidence and rates of child abuse and neglect. Today, more families are in crisis and subsequent stress due to an unstable economy, unemployment, insufficient, affordable housing and a myriad of social and financial pressures. Abuse and neglect are the two major reasons for residential care for over five hundred thousand children. The two most identified contributing factors are insufficient housing and income. Yet, with adequate knowledge, support resources and appropriate interventive services, this phenomenon can be combatted.

The Regional Resource Centers, funded through the National Center on Child Abuse and Neglect, were established to increase knowledge on the causes, prevention and treatment of child abuse and neglect and to improve the quality of service delivery to children and families by both public and private agencies and organizations. This is accomplished through information dissemination, technical assistance and training. Although we all adhere to the goal and objectives mandated by the National Center, we may attempt to accomplish them in different ways.

In addition to a large selection of printed and audiovisual materials on child abuse and neglect and related topics which are available at no cost and our publication of a quarterly newsletter, we have a part time audiovisual capability which allows us to tape significant training sessions for distribution to persons who could not attend or otherwise obtain this information. We have a program at the Lorton Correctional Institute, Central facility so that the residents can learn the dynamics of child abuse and neglect and basic skills. It is their hope that they can prevent some of today's youth from becoming tomorrow's pension statistics. We also have a strong commitment to community outreach and development and to advocating for improvement in the social service system.

The reauthorization of Public Law 93-247, retaining the present organizational structure of the National Center on Child Abuse and Neglect and the Regional Resource Centers, is a crucial, cost-effective step in impacting on the very serious problem of child maltreatment. Information, both printed and audiovisual, can be quickly and economically disseminated. A pool of expertise and the capability to achieve specialized knowledge is in place to address specific regional needs. The Centers provide the opportunity for interstate sharing of information and activities and for input into the decision making process. As the centers transcend the boundaries between states and jurisdictions, and cross all disciplines and programs within the public and private sectors, they provide a total picture of problems, needs and resources from an impartial or neutral posture. We have the capability of establishing linkages and of networking not only among the states but on a national

scale as well. We can provide services throughout the Region and to a degree that state and county agencies do not have the capability.

With continuation, there must be more emphasis on research into prevention activities as opposed to treatment after the fact.

More effective services for minorities and special needs.

More emphasis on adolescent abuse.

Initiative to deal with legal and medical profession.

Mr. ERDAHL. Next we have Adrienne Haeuser, associate professor and director of region V, Child Abuse and Neglect Resource Center, University of Wisconsin at Milwaukee, Wis.

I say that for the record and for the benefit of the audience as well.

Ms. Haeuser, we are glad to have you with us.

STATEMENT OF ADRIENNE HAEUSER, ASSOCIATE PROFESSOR AND DIRECTOR, REGION V, CHILD ABUSE AND NEGLECT RESOURCE CENTER, UNIVERSITY OF WISCONSIN, MILWAUKEE, WIS.

Ms. HAEUSER. Thank you. I must say that I am feeling somewhat ambivalent at this point, being the anchorwoman for this morning's hearing, but at the same time I am concerned about everyone's lunch.

Mr. ERDAHL. Look how well it turned out for Walter Cronkite.

Ms. HAEUSER. My testimony documents progress across the country over the past 7 years, as judged from my vantage point as chairman of the Fifth National Conference on Child Abuse and Neglect. This conference is sponsored by the National Center as well as the Region V Resource Center, and it will take place in Milwaukee April 5 to 8. The program relects a state of the art substantially advanced by Public Law 93-247.

This conference, like prior national conferences, extensively involves volunteers and members of Parents Anonymous as well as professionals and paraprofessionals. The conference budget is approximately half subsidized by the National Center and half covered by conference registration income.

Prior to this act, there were no national conferences specifically focused on child abuse and neglect. When the subject was discussed at all, it was fragmented in various jurisdictions and agencies.

The National Center has used national conferences, among other means, to focus public and professional attention on child abuse and neglect as a root of many other problems such as delinquencies, teenage pregnancies, and violent crimes.

As you know, these subsequent problems cost taxpayers billions of dollars, and there is an obvious economy in dealing with one of the root causes. Equally important, Public Law 93-247 is changing child protective service practice. Before this law took effect, practice generally focused on finding foster homes for abused and neglected children, whereas, because of the National Center's advocacy and technical assistance around multidisciplinary terms and supportive services, we now have as the goal restoring a family to health.

You will see evidence of these developments in the programs of the fifth national conference which I am submitting with my testimony. I am also submitting resource booklets on networking and supporting services which are being prepared for forum partici-

pants at the national conference. These booklets should interest you because they show the programmatic results of the National Center's thrust toward multidisciplinary networking and supportive services. Described in the networking booklet are 17 model programs, and 25 in the supportive services booklet. A few of these programs are National Center grantees, some were previously National Center grantees, and others evolved because of the National Center's advocacy. We are preparing comparable resource booklets for conference and post-conference dissemination on parenting, treatment, training, organizational settings, child sexual abuse, and special topics. Altogether these booklets describe over 20 model programs representing varieties of sponsorship funding, objectives, and methodologies according to local needs and conditions. They demonstrate that relatively minimal spending at the Federal level has generated widespread local initiatives.

A major topic at the conference, besides multidisciplinary approaches, which you will see listed in the conference program in a variety of workshops, is prevention, which we all know in the long run is considerably less costly than treatment. And just a few of the examples relating to prevention in the workshops at this conference are: Finding and using the strengths of children and families; prevention: how to pay for it; bubbylonia encounter: a sexual abuse prevention play; primary prevention; family and children's trust fund; and evaluating primary prevention.

There are a number of prevention-oriented programs described in the forum booklets, including, for example: Perinatal Approach to Preventing Child Abuse and Neglect, Columbus, Ind.; Making Primary Prevention a Reality, Evanston, Ill.; the Parenting Project, Winter Haven, Fla.; et cetera. You have the list before you.

Finally, as director of the Region V Resource Center, I would corroborate my colleagues' opinions that the effect of Public Law 93-247 has evolved not only because of the National Center but because of the network of regional resource centers working in concert with that National Center.

And finally, I would note that with the President's proposed cutbacks in health income and social services, everyone working in the field will tell you that there will be more family stress and more child abuse and neglect, and it is important to reauthorize this act, not only to maintain the gains of the past, but to deal with such forthcoming challenges.

[The prepared statement of Adrienne Haeuser follows:]

PREPARED STATEMENT OF ADRIENNE AHLGREN HAEUSER, ASSOCIATE PROFESSOR AND DIRECTOR, REGION V, CHILD ABUSE AND NEGLECT RESOURCE CENTER, UNIVERSITY OF WISCONSIN-MILWAUKEE

I am here to point out the economy of spending $15 million to maintain federal direction and incentives for the prevention and treatment of child abuse and neglect. $15 million is the National Center on Child Abuse and Neglect's current budget excluding an additional $7 million for direct grants to states. I speak for the one million children who, according to the most recent and reliable data, are abused or neglected each year. Without federal direction these children will slip through President Reagan's "social safety net," and this is equivalent to signing a blank check for future government spending.

Without federal leadership and a federal focal point facilitating communication and interaction across geographic, disciplinary and agency boundaries and across the public and private sectors, the progress we are making in understanding, solving and preventing this problem will be dissipated. In the long run it will cost someone, be it the federal, state or local government or the voluntary agency contributor, infinitely more to maintain abused and neglected children in foster homes, institutions, detention centers and mental hospitals. It will deplete our nation's richest asset: children with a future as productive citizens and with the potential for healthy parenting of the next generation.

The following testimony documents progress across the country over the past seven years as judged from my vantage point as chair of the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT. The program for this Conference, sponsored by the National Center on Child Abuse and Neglect and the Region V Child Abuse and Neglect Resource Center and which will be held in Milwaukee, April 5-8, 1981, reflects a state-of-the-art substantially advanced by PL 93-247.

Prior to this Act there were no national conferences specifically focused on child abuse and neglect, and this problem, when discussed at all, was fragmented among various disciplines and jurisdictions. The National Center has used national conferences, among other means, to focus public and professional attention on child abuse and neglect as a root of other problems such as delinquency, teenage pregnancy and violent crime. As you well know these subsequent problems cost taxpayers billions of dollars and there is an obvious economy in fighting one of the root causes.

Equally important PL 93-247 is changing child protective service practice. Before PL 93-247 more effort usually was put into finding foster homes for abused and neglected children than in restoring their families to health. Because of the National Center on Child Abuse and Neglect's advocacy and technical assistance for multidisciplinary networking approaches and supportive services, such as paraprofessional parent aides, the goal now is to help families change destructive behaviors. This is almost always more economical than for the state to assume the parenting function.

You will see evidence of these developments in the preliminary program for the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT which I am submitting with this testimony. I am also submitting resource booklets on Networking and Supportive Services which are being prepared for Forum participants at the National Conference. These booklets should interest you because

they show the programmatic results of the National Center's thrust toward multidisciplinary networking and supportive services. Seventeen model programs are described in the Networking booklet and twenty-five in the Supportive Services booklet. A few of these programs are National Center on Child Abuse and Neglect grantees; others were previously National Center on Child Abuse and Neglect grantees; and still others evolved because of National Center on Child Abuse and Neglect advocacy. We are preparing comparable program resource booklets for Conference and post-Conference dissemination on Parenting, Treatment, Training, Organizational Settings, Child Sexual Abuse and Special Topics. Altogether these booklets describe over 200 model programs representing varieties of sponsorship funding, objectives and methodologies according to local needs and conditions. They demonstrate that relatively minimal spending at the federal level has generated widespread local initiatives. Furthermore, these 200 programs are only representative not all inclusive.

The First National Conference on Child Abuse and Neglect in Atlanta in 1976 attracted 1,000 participants but by the Fourth National Conference on Child Abuse and Neglect in late 1979 in Los Angeles there were 2,000 participants, representing local, state and national public and private agencies; local and state governments and other federal agencies; universities; volunteers and self-help groups. They include social workers, lawyers and judges, physicians and nurses, mental health personnel, teachers and day care personnel, and law enforcement personnel, among others. Their interest in multidisciplinary approaches to child abuse and neglect is reflected in titles of workshops dealing with this subject at the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT, including among others:

Improving Child Protection Team Case Conferences
CPS Interface with Law Enforcement
Day Care/Head Start and CPS: Working Together
How Mental Health and Social Services Can Be Mutually Engaged on Behalf of Abused and Neglected Children

Teaming in Child Protective Services: A Way to Service the Demands of PL 96-272 in a Public CPS Agency
Consultation Model for Development of Community Child Abuse Programs in Rural Communities
Interdisciplinary Management of Child Sexual Abuse
CPS and the Schools: Identifying Barriers in Promoting Cooperation and Coordination
Treating Dual Dependencies: Child Sexual Abuse and Chemical Dependency

I might add that for each Workshop or Forum proposal accepted for this Conference, we had to turn down four submissions, which indicates some of the extensive concern for this problem.

Another Conference topic which reflects a current thrust of National Center leadership is prevention. In the long run prevention is less costly than treatment. Examples of Workshops relating to Prevention are:

Finding and Using the Strengths of Children and Families
What Are Our Priorities?
Prevention: How to Pay for It
Bubbylonia Encounter: A Sexual Abuse Prevention Play
Protecting the Protective Worker: Burnout Prevention Among Front Line Service Providers
Primary Prevention: The Fourth Revolution
Family and Children's Trust Fund
Evaluating Primary Prevention of Child Abuse Programs

Prevention oriented programs representing local initiatives in response to federal direction which will be described in the Forum booklets, include, for example:

Perinatal Approach to Preventing Child Abuse and Neglect (Columbus, IN)
Making Primary Prevention a Reality (Evanston, IL)
Birth to Three (Eugene, OR)
The Parenting Project (Winter Haven, FL)
Perinatal Positive Parenting (East Lansing, MI)
Regional Perinatal Assessment Program (Honolulu, HI)
Early Assessment and Intervention with High Risk Families (Toledo, OH)
Exploring Childhood Program (Newton, MA)
Education for Parenting High School Program (Whitefish Bay, WI)
Primary Prevention Project (Madison, WI)
Prevention of Abuse and Neglect of Children in Out-of-Home Care (San Francisco, CA)

Crash Course in Childhood (Cleveland, OH)
National Committee for Prevention of Child Abuse (Chicago, IL)
Statewide Network for the Prevention of Child Abuse (Raleigh, NC)
Sexual Abuse Prevention Through Education of Parents and School-age Children (Seaside, CA)
PEP Warmline (Santa Barbara, CA)

Another Conference topic which I would particulary call to your attention is declassification. This is the trend by states and counties to declassify workers. This means that we cannot expect child protective service workers to enter the field with much, if any, training for this specialized job. The outlook for on-the-job training is equally bleak since staff development inevitably suffers the front end of the fiscal ax. Thus it is imperative to maintain PL 93-247 and the National Center as a stimulus for child protective service training and a disseminator of training materials.

Finally as Director of the Region V Child Abuse and Neglect Resource Center let me point out that the progress reflected in the forthcoming National Conference emanates from PL 93-247 not only through its provision of a National Center but also through its provision of regional centers. The Regional Resource Centers, one in each federal region, facilitate rapid information diffusion between the Department of Health and Human Services and grassroots America. They promote and facilitate community, state or regional action guided by National Center leadership but adapted to local needs and conditions. They also provide a means for bringing local input into National Center decisions. Not least important the Regional Resource Centers enlarge and decentralize the expertise addressed to the problem. The network of Regional Centers in concert with the National Center has facilitated the progress which I have reported and should be maintained.

While the program for the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT demonstrates that PL 93-247 has stimulated progress, the problem

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obviously hasn't been solved. Furthermore, everyone working in this field will tell you that the Administration's proposed cutbacks in social, health and income programs will produce more family stress and child abuse and neglect. Thus Federal leadership is essential not only to maintain the gains of recent years but also to meet such forthcoming challenges. It will ultimately cost much more than $15 million if PL 93-247 is not reauthorized.

FIFTH NATIONAL CONFERENCE
ON
CHILD ABUSE AND NEGLECT

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APRIL 5-8, 1981
Hyatt Regency
Milwaukee, Wisconsin

PURPOSE

To provide a national framework to address child abuse and neglect legislative, policy and practice issues -- what has been accomplished in the past five years and what should be addressed in the next five years.

To enrich the vision of policy makers and the skills of practitioners in protecting children-at-risk and preserving families in a hostile economy.

To showcase the most recent research, model programs, materials, and media.

To enhance all participants' awareness of issues concerning cultural minorities.

To facilitate coordination between public and private programs for the prevention and treatment of all family violence.

To promote interaction among concerned social workers, social scientists, physicians, nurses, home economists, lawyers, judges, law enforcement personnel, teachers, day care providers, legislators, minority groups, volunteers, and parent groups.

PROGRAM STRUCTURE

The Conference theme "Looking Back -- Looking Ahead" is programmatically organized around seven content areas: Promoting Positives, Opening the Gates, Developing Quality Staff, Working Together, Developing and Using Policies That Work, Exploring Myths and Causes, Examining Practice. Content in each of these areas is scheduled throughout the program:

Plenary Sessions	child abuse and neglect in a changing political and economic environment.
Institutes (six hours)	policy analysis or training.
Workshops (three hours)	issues exploration or training.
Forums (three hours)	one-to-one technical assistance and discussion of model programs and materials.

While there is inevitably some overlap between the content areas, conferees may select a single content area or topic to pursue through an Institute and related Workshops and/or Forums, or they may prefer to attend sessions in a variety of content areas. Admission to individual Institutes and Workshops will be by ticket only. A Forum ticket admits the conferee to all Forums scheduled for a particular time period.

INSTITUTE, WORKSHOP AND FORUM REGISTRATION WILL TAKE PLACE AT THE CONFERENCE WITH EACH ASSIGNED A MAXIMUM ENROLLMENT. TO ASSURE THE SESSIONS OF YOUR CHOICE YOU ARE ADVISED TO ARRIVE AT THE CONFERENCE EARLY AND IMMEDIATELY CHECK IN AT THE CONFERENCE REGISTRATION DESK ON THE ATRIUM LEVEL OF THE HYATT REGENCY.

SPECIAL FEATURES

SALUTE TO CHILD PROTECTIVE SERVICES WORKERS

Child Protective Services (CPS) workers are the linchpin in the child protection process. As a tribute to them, the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT will feature the first national recognition of all CPS workers by honoring a representative CPS worker from each state. While the Advisory Committee to the National Conference recognizes that many disciplines and volunteers are involved in protecting children and their families, the Committee's intent is to highlight the unique contributions of CPS workers. The states and territories have used various methods to select a CPS representative who will receive a *certificate of commendation* at a special conference breakfast exclusively for them and their state agency liaison to the National Center on Child Abuse and Neglect.

A "FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT SALUTES CPS WORKERS" booklet will be disseminated to all participants at the Conference and afterward. This booklet will provide information about what each worker has accomplished in protecting children and/or preserving families and some information about how this has been accomplished. It is anticipated that in addition to serving as a recognition of CPS workers, this booklet will provide helpful information to CPS workers nationwide and to others involved in child protection.

State representative CPS workers will easily be identified by a special conference badge. Conference participants are encouraged to seek out these resource persons during the Conference and solicit their unique experiences in child protection.

PUBLIC HEARING

Congressional leaders and public members of the National Center on Child Abuse and Neglect Advisory Committee will be present to receive testimony at a public hearing on the proposed extension of the Child Abuse Prevention and Treatment Act which expires in 1981 unless reauthorized by Congress. This testimony will be forwarded to the Secretary of Health and Human Services and to Congress. Conferees may submit written testimony or appear in person. If you wish to testify, please contact the Region V Child Abuse and Neglect Resource Center.

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CONFERENCE CALENDAR

	MORNING	AFTERNOON	EVENING
Sunday April 5		Registration Noon - 9:00 pm Film Festival 2:00 - 7:00 pm Book Fair 2:00 - 7:00 pm Regional Hospitality Rooms 5:00 - 8:00 pm	Point/Counterpoint Plenary Session 7:30 - 9:00 pm Conference Reception 9:00 - 10:30 pm
Monday April 6		Registration 7:30 am - 2:00 pm Film Festival Noon - 2:00 pm Book Fair Noon - 2:00 pm 5:00 pm - 8:00 pm	
	Keynote Address 9:00 - 10:00 am Plenary Session 10:30 - Noon	Series 100 Workshops Persons A, B, C, D 2:00 - 5:00 pm	"Possibles" Vignette Review 8:00 - 9:00 pm
Tuesday April 7		Registration 7:30 am - 2:00 pm Film Festival Noon - 2:00 pm Book Fair Noon - 2:00 pm 5:00 pm - 8:00 pm	
	1st Session Institutes Series 200 Workshops Persons E, F 9:00 - Noon	2nd Session Institutes Series 300 Workshops Persons G, H 2:00 - 5:00 pm	Caucuses 8:00 pm
Wednesday April 8		Registration 8:00 am - 10:00 am	
	Series 400 Workshops 9:00 - Noon	Closing Luncheon/Address 12:30 - 2:30 pm	

Sunday
7:20 p.m.

POINT/COUNTERPOINT

Past paced exposure to both sides of some major issues facing the field. Following one expert's five minute support for the POINT (P), another expert will present a powerful five minute argument for the COUNTERPOINT (C). Conference participants will have the opportunity to pursue these issues further in Workshops the following day but they can immediately challenge the experts eyeball-to-eyeball at the Conference Reception directly following this event.

Moderator: *Ed Hinshaw, Manager, Public Affairs, WTMJ, Inc., Milwaukee, WI*

The issues under attack are:

1. The federal government has made a significant contribution to the prevention and treatment of child abuse and neglect in the past five years, and it is the role of the federal government to assert this leadership in the next five years.
   P: *George Thomas, President, Regional Institute of Social Welfare Research, Inc., Athens, GA*
   C: *Gregory Coler, Director, Illinois Dept., Children and Family Services, Springfield, IL*
2. The private sector should play a more prominent role in the prevention and treatment of child abuse and neglect in the next five years.
   P: *Hortense Landau, Executive Director, New York Society for the Prevention of Cruelty to Children, New York, NY*
   C: *Edward T. Wemer, Executive Director, American Public Welfare Association, Washington, DC*
3. With data indicating a considerable correlation of spouse abuse with child abuse and neglect, it would be both cost effective and treatment effective to combine funding and programs for child protection and spouse abuse in a new framework of family violence.
   P: *Jeannie Niedermeyer-Santos, Deputy Director, Office on Domestic Violence, U.S. Dept. of Health and Human Services, Washington, DC*
   C: *Al Kadushin, Julia C. Lathrop Professor of Social Work, School of Social Work, University of Wisconsin, Madison, WI*
4. In an era of declining resources and hard choices, we should put more emphasis on treatment than on prevention of child abuse and neglect.
   P: *Vincent DeFrancis, Director Emeritus, Children's Division, American Humane Association*
   C: *Anne Cohn, Executive Director, National Committee for Prevention of Child Abuse, Chicago, IL*

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PLENARY SESSIONS

5. Course funding should be used to improve the quality of child protective services staff rather than for supportive services such as parent aides.
   P: *Lolis Whiting, Senior Staff Associate NASW, Project Director, NASW/APWA National Professional Resource Center on Child Abuse and Neglect, Washington, DC*
   C: *James Garbarino, Associate Professor of Human Development, Pennsylvania University, University Park, PA*

6. Cultural and ethnic variations have an impact on the incidence of child abuse and neglect and should be considered in child abuse and neglect investigation, prevention and treatment efforts.
   P: *Enrique Pena, Family District Court Judge, 327th Family District Court, El Paso, TX*
   C: *To be announced.*

7. Ethnic agencies are an unnecessary duplication of services because adequate child protection services can be provided to minority clients by any worker who is trained to understand the implication of cultural heritage and values on the lives of ethnic and linguistic minority clients.
   P: *To be announced.*
   C: *Shirley Jenkins, Professor, Columbia University School of Social Work, New York, NY*

8. We must face the fact that we do not have resources adequate to the needs of all validated child abuse and neglect cases, and public agencies should be mandated to investigate and treat only physical and sexual abuse.
   P: *To be announced.*
   C: *Eli Newberger, M.D., Director, Family Development Study, Children's Hospital Medical Center, Boston, MA*

Monday 9:00 a.m. KEYNOTE SESSION
Speaker to be announced.

Monday 8:00 p.m. "FAMILIES" a Vaudeville Revue, a part of the "Theatre for Human Values" repertory of The Independent Eye, Ltd.

Wednesday 12:30 p.m. CLOSING LUNCHEON and ADDRESS
"BURN-OUT IN CHILD PROTECTION — A POSITIVE ADDICTION APPROACH"
Robert Sarver
Associate Professor Law & Social Work
University of Arkansas at Little Rock

SERIES 100 WORKSHOPS – FORUMS A, B, C, D

WORKSHOPS (Workshops will be numbered in final program)

The Federal Role in the Next Five Years (Follow-up Workshop to Point/Counterpoint Plenary)

Gregory Coler, Director, Illinois Dept. of Children and Family Services, Springfield, IL
Hortense Landau, Executive Director, New York Society for the Prevention of Cruelty to Children, New York, NY
George Thomas, President, Regional Institute of Social Welfare Research, Athens, GA
Edward T. Weaver, Executive Director, American Public Welfare Assn., Washington, DC

To Combine or Not Combine Child Protection and Spouse Abuse (Follow-up Workshop to Point/Counterpoint Plenary)

Al Kadushin, Julia C. Lathrop Professor of Social Work, University of Wisconsin, Madison, WI
Jeannie Niedermeyer-Santos, Deputy Director, Office on Domestic Violence, U.S. Dept. of Health and Human Services, Washington, DC

What Are Our Priorities? (Follow-up Workshop to Point/Counterpoint Plenary)

Anne Cohn, Executive Director, National Committee for Prevention of Child Abuse, Chicago, IL
Vincent DeFrancis, Director Emeritus, Children's Division, American Humane Assn.
James Garbarino, Associate Professor of Human Development, Pennsylvania University, University Park, PA
Lela Whiting, Senior Staff Associate, National Assn. of Social Workers and Project Director, NASW/APWA National Professional Resource Center on Child Abuse and Neglect, Washington, DC

Cultural and Ethnic Needs Relative to Child Abuse and Neglect (Follow-up Workshop to Point/Counterpoint Plenary)

Enrique Pena, Judge, 327th Family District Court, El Paso, TX
Shirley Jenkins, Professor, Columbia University School of Social Work, New York, NY
Others to be announced

Should Public Agencies Investigate and Treat Only Physical and Sexual Abuse? (Follow-up Workshop to Point/Counterpoint Plenary)

Eli Newberger, MD, Director, Family Development Study, Children's Hospital Medical Center, Boston, MA
Other to be announced

Reaching Outward Toward Understanding Through the Arts

Larry D. Johnson, Maren Hinderlie and Loren Niemi, Abbot-Northwestern Hospital and Children's Health Center, Minneapolis, MN
Lawrence Frisch and Noreen Frisch, Children's Protective Service Center, Honolulu, HI
Conrad and Linda Bishop, Independent Eye, Ltd., Lancaster, PA
Thomas Bell, Region V Child Abuse and Neglect Resource Center, Milwaukee, WI

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Child Abuse and Neglect in Foster Care

Alan L. Ross and Sanford Berman, Office of Family and Children's Services Operations, New York State Dept. of Social Services, Albany, NY

The Similarity Between School Corporal Punishment and Child Abuse

Rosslyn Bandman and Linda Oshins, Social Service Dept., Children's Hospital, Columbus, OH

Children Who Live with Violence

Joseph J. Alessi, Child Guidance Clinic, Dept. of Psychiatry, Erie County Medical Center, Buffalo, NY
Kristin Hearn, Haven House, Erie County Coalition for Victims of Domestic Violence, Buffalo, NY
Claudia Bloch and Lynn Powers, Domestic Abuse Project, Minneapolis, MN

Feminist Analysis of Child Abuse and Neglect

Ellen Barnett, Consultant to U.S. Dept. of Health and Human Services Office on Domestic Violence, Washington, DC
M. Maria Boehlke, Chrysalis Center for Women, Minneapolis, MN
Ruth J. Irving, Legal Action of Wisconsin, Inc., Milwaukee, WI
Lynne Ketchum, Milwaukee Childhood Sexual Abuse Task Force, Milwaukee, WI
Carolyn Kott Washburne, Region V Child Abuse and Neglect Resource Center, Milwaukee, WI

Prevention: How to Pay for It

Michael Groh, Wilder Foundation and Phase V Associates, St. Paul, MN

Changing the Institutional Environment to Reduce Abuse and Neglect

Donald P. Kline, Project U.T.A.H. for the Investigation and Correction of Child Abuse and Neglect in Residential Institutions and Exceptional Child Center, Utah State University, Logan, UT
Bill Low, Division of Family Services, Utah Dept. of Social Services, Salt Lake City, UT

Children's Express

Robert Campbell, Publisher of Children's Express, New York, NY
Express Reporters

CPS Interface with Law Enforcement

(to be announced)

Ho'oponopono: Hawaii's Traditional Family Therapy

Lynette K. Paglinawan, Sub-Regional Child Welfare Training Center, Honolulu, HI
Barbara A. Yamashita and Shelley K. Aso, Hawaii Area Center, Region IX Child Abuse and Neglect Resource Center, Honolulu, HI

Towards Guilt-Free Single Parenting
Paula Tobin, San Francisco Child Abuse Council, CA

Nutrition and Violence
Alexander G. Schauss, American Institute for Biosocial Research, Tacoma, WA

Promoting Children's Health
Staff Member, Select Panel for the Promotion of Child Health, Washington, DC

The Use of Self-Help Groups in Treatment of Intrafamilial Child Sexual Abuse
Geri Hatcher, Los Angeles County Dept. of Public Social Services Child Sexual Abuse Project, CA

Babbyloan Encounter: A Sexual Abuse Prevention Play
Helen L. Swan, Johnson County Mental Health Center, Olathe, KS
SuEllen Fried, Kansas Committee for the Prevention of Child Abuse, Topeka, KS
Theatre for Young America, Overland Park, KS

System-Induced Trauma to Incestuous Families
Bruce Gottlieb, Sexual Abuse Program, National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, CO

Sexual Exploitation of Children
Ann W. Burgess, Boston University School of Nursing, Boston, MA
John Dillingham, Metropolitan Mental Health Skills Center, Washington School of Psychiatry, Washington, DC

Fetal Alcohol Syndrome and Neonatal Addiction
Josette Mondesaro, MD, Wingspread Comprehensive Health Services for Women, Santa Cruz, CA

Supervisor' Training Clinic
Alice M. Lee, National Center on Child Abuse and Neglect, Washington, DC
Kay Drew, Crastina Associates, Washington, DC
Thomas Crutchfield, School of Social Work, University of Tennessee, Knoxville, TN

Worker Awareness: How Do I Know What I Think Until I Know How I Feel?
Joann F. Dozier, Colorado State Dept. of Social Services, Denver, CO

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MONDAY PM

FORUMS

A. SEXUAL ABUSE FORUM

A Community Response to Child Sexual Abuse, *Pierce County Rape Relief, Allenmore Medical Center, Tacoma, WA*

Education: Don't Forget Me, *Rape and Abuse Crisis Center, Fargo, ND*

You Belong to You, *YWCA Sexual Assault Crisis Center, Flint, MI*

Intrafamily Child Sexual Abuse Family Treatment Network, *Nebraska Psychiatric Institute, Omaha, NE*

Sexual Abuse Treatment Center: A Cooperative Agency Project, *Children's Hospital Medical Center, Cincinnati, OH*

Community Based Approach to Intervention and Treatment of Incestuous Families, *Sexual Abuse Team, Boulder County Dept. of Social Services, Boulder, CO*

Sexual Abuse Treatment Program, *Virginia Beach DSS, Tidewater, VA*

Public Agency Protective Services to Incestuous Families, *Boston University, Boston, MA*

Use of Diversionary Program/Prosecution for Treatment of Intrafamily Child Sexual Abuse, *Johnson County Mental Health Center, Mission, KS*

Denver Juvenile Prostitution Action Committee, *Denver, CO*

Alliance, *Onondaga County Dept. of Social Services, Syracuse, NY*

Non-Punitive Incest Treatment Program, *Winona Marriage and Family Counseling, Winona, MN*

Parents United of Oregon, *Portland, OR*

Parents United, *Los Angeles, CA*

Parent Support Groups, *Portsmouth Psychiatric Center, Portsmouth, VA*

B. SPECIAL TOPICS FORUM

WOMAN ABUSE

Family Violence Services Plan, Olmsted County Family Violence Task Force, Rochester, MN

Domestic Violence and Sexual Assault: A Model for Rural Communities, *Regional Crisis Center, Manhattan, KS*

Parent Education for Battered Women, *Committee to Aid Abused Women, Dept. of Social And Health Resources, Reno, NV*

Share/Discussion Group on Family Conflict, *Domestic Violence Center, Manitowoc, WI*

Treatment of Children from Spouse Abusive Families, *Child and Family Services of Knox County, Inc., Knoxville, TN*

Alternatives to Shelter, *National Technical Assistance Center on Family Violence, Ann Arbor, MI*

INSTITUTIONAL ABUSE

Prevention of Abuse and Neglect of Children in Out-of-Home Care, *San Francisco CAN Council, San Francisco, CA*

Protecting the Child in Residential Care, *Ohio Assn. of Child Caring Agencies, Columbus, OH*

Office of Recipient Rights, *MI Dept. of Mental Health, Lansing, MI*

Residential Treatment of Abused Adolescent Girls, *Girlstown Foundation, Belleville, MI*

Self-Reporting of Non-Physical Intervention, *Project HANDS, Investigation and Correction of Institutional Child Maltreatment, Washington, DC*

Citizen Review Board, *Massachusetts Institutional Advocacy Project, Office for Children, Boston, MA*

ADOLESCENT ABUSE

Youth in Crisis, Inc., *Berwyn, IL*

Face to Face Health and Counseling, *St. Paul, MN*

Youth in Need, *Adolescent Maltreatment Project, St. Charles, MO*

Teen Peer Counselors, *CALM, Santa Barbara, CA*

Stonebrook, *Richfield, MN*

Atlantic County Adolescent Maltreatment Demonstration Project, *New Jersey Division of Youth and Family Services, Atlantic City, NJ*

NEGLECT/FAILURE-TO-THRIVE

Infant Growth Project, *University Hospitals, Case Western Reserve University, Cleveland, OH*

Failure-to-Thrive: Solving the Problem — A Community Service Team Approach, *Alliance, Syracuse, NY*

Spectrum Intervention in Nutritional Maltreatment, *Family Life Development Center, Cornell University, Ithaca, NY*

Child Neglect Component, *Division of Family and Children Services, GA Dept. of Human Resources, Atlanta, GA*

Neglect Treatment Model, *Neglect Treatment Program, Dept. of Human Resources, Dallas, TX*

C. PARENTING FORUM

PARENTING THE PRE-SCHOOL CHILD

A Self-Help Approach to Strengthening Families, *MELD, Minneapolis, MN*

A New Parent Support Network, *Birth-to-Three, Eugene, OR*

Approaches to Parent-Child Interaction and Intervention in a Nursery School Setting, *Yellowstone County Dept. of Public Welfare, Billings, MT*

Mother-Infant Program, *Riverdale Neighborhood House, Bronx, NY*

Parent Place, *Child and Family Services, Knoxville, TN*

PUBLIC AWARENESS ON PARENTING

Because They Love Me, *Springfield Area Parents Anonymous, Springfield, IL*

Inter-Act Street Theatre for Parents, *Panel for Family Living, Tacoma, WA*

ADOLESCENT PARENTING

Beginnings: A Series of Discussions for Teenagers about Pregnancy and Parenting, *Evanston Hospital and the Jr. League of Evanston, Evanston, IL*

YWCA Parent Child Development Center, *Indianapolis, IN*

MINORITY PARENTING

Centro Familiar, *Santa Barbara Family Care Center, Santa Barbara, CA*

Pan Asian Parent Education Project, *San Diego, CA*

Urban Indian Child Resource Center, *Oakland, CA*

Survival Skills Institute, *Minneapolis, MN*

PERINATAL PROGRAMS

The Parenting Project, *Community Mental Health Center, Winter Haven Hospital, Winter Haven, FL*

Prenatal Positive Parenting, *Institute for Family and Child Study, Michigan State University, East Lansing, MI*

Regional Prenatal Assessment Program, *Hawaii Family Stress Center, Kapiolani Children's Medical Center, Honolulu, HI*

Early Assessment and Intervention with High-Risk Families, *Child Abuse Prevention Center, Toledo, OH*

Postpartum Education for Parents (PEP), *Santa Barbara, CA*

Prenatal Approach to Preventing Child Abuse and Neglect, *Rural Family Support Project, Quinco Consulting Center, Columbus, IN*

TRAINING PARENT EDUCATION LEADERS

Making Primary Prevention a Reality, *Family Focus, Inc., Evanston, IL*

D. TREATMENT FORUM

THERAPEUTIC DAY CARE

IMPACT: Improving Parents and Children Together, *Family Resource Center, St. Louis, MO*

The Children's Place, *Child Advocacy Services Center, Inc., Kansas City, MO*

Urban League Child Care Dept., *Project Respite and Remediation, Colorado Springs, CO*

RESIDENTIAL TREATMENT

Residential Treatment Program for Abused Children and Their Parents, *Children's Village, Beaumont, CA*

Residential Care for Families, *Bloomer Home for Children, Marshall, MO*

ASSESSMENT

Nebraska Psychiatric Institute, *University of Nebraska Psychiatric Institute, Omaha, NE*

Assessment of Abusive Parents Through Observation of Child Rearing Skills, *Urban League Child Care Department, Project Respite and Remediation, Colorado Springs, CO*

Developmental Assessment of Abused Children, *Urban League Child Care Department, Project Respite and Remediation, Colorado Springs, CO*

IMPACT Child Abuse Program, *Children's Psychiatric Center and University of Cincinnati College of Medicine, Cincinnati, OH*

THERAPY

PA Model Program of Play Therapy Groups, *Parents Anonymous of Arizona, Tucson, AZ*

Healing the Abused Child, *Chrysalis, A Center for Women, Minneapolis, MN*

Child Abuse in Relation to Chemical Dependency and Anti-Social Behavior, *Eden House, Minneapolis, MN*

Field Test of Helfer's Crash Course in Childhood, *Case Western Reserve University, Cleveland, OH*

Parenting Groups, *Dept. of Social Services, Virginia Beach, VA*

Parenting Program, *Christopher Street, Inc., Minneapolis, MN*

Model Treatment and Research Program for Abusive Parents and Their Pre-School Children, *Euclid Parenting Project, Toronto, Canada*

Infant Centered Activity, *Child and Adolescent Treatment Center, Milwaukee, WI*

Three Treatment Programs for Families, *Family Service Agency of San Mateo County, Burlingame, CA*

Primary Prevention Project, *Mendota Mental Health Institute, Madison, WI*

CASE MANAGEMENT

Promoting Functional Families, *Family Development Program, Jackson, MI*

SERIES 200 WORKSHOPS – FORUMS E, F – INSTITUTES

WORKSHOPS (Workshops will be numbered in final program)

The Maltreated Adolescent
John H. Capel, Sacramento Youth and Family Services Center, Diagnos Youth Service, Sacramento, CA

Promoting Prevention of Child Abuse and Neglect Through Humane Workplaces
(to be announced)

Healing Sexual Abuse and Children's Rights to Medical Care
Rita Swan, Jamestown College, Jamestown, ND
Sharon Lutz Cherfoos, Christenson, Gilbert and Archer Attorneys, Detroit, MI
Margaret Hooyer Varnum, Riddering, Wierengo and Christenson Attorneys, Grand Rapids, MI

Child Welfare Reform: The New York Experience
Dr. Richard Brotman, New York Medical College, New York, NY
Eric Breitenheider, New York State Dept. of Social Services, New York, NY
Mildred Shanley, Catholic Charities of the Diocese of Brooklyn, NY
Maurice Hinchey, Assemblyman, New York State Assembly, Albany, NY
Harrison Lightfoot, New York Medical College Center for Comprehensive Health Practice, New York, NY
Father Joseph Sullivan, Catholic Charities of the Diocese of Brooklyn, NY

Easing the Crisis: A New Role for Foster Parents
Jody Schor, Barbara Bryant and Peter Urquhart, Philadelphia Child Guidance Clinic, Philadelphia, PA

What We Can Learn from the Long-Term View
Cecelia R. Sudia, Children's Bureau, Washington, DC
Roy Herrenkohl and Ellen Herrenkohl, Center for Social Research, Lehigh University, Bethlehem, PA
Dante Chichetti and Vicky Ludes, Psychology and Social Relations, Harvard University, Cambridge, MA
Byron Egeland, Dept. of Educational Psychology, University of Minnesota, Minneapolis, MN
Marvin Bohnstedt and Peggy Smith, American Justice Institute, Sacramento, CA
Joan McCord, Drexel Institute, Philadelphia, PA
Elizabeth Elmer, Parental Stress Center, Children's Hospital of Pittsburgh, PA

TUESDAY AM

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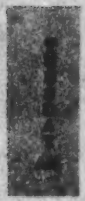

Parents Anonymous: Overcoming Roadblocks to Its Success

Part I: Come a Little Closer: A Dramatic Presentation

Ellen Dorr, New Hampshire Parents Anonymous, Lancaster, NH and Representatives of Parents Anonymous State Organizations of New England

Part II: Referral Sources' Perceptions of Parents Anonymous

Laura J. Ginther, Parents Anonymous of Alabama, Inc., Tuscaloosa, AL

Rural Abuse Patterns

Wayne Chew, Julie Norlin, Steve Anderson and Dale Kunkel, School of Social Work, University of Oklahoma, Norman

Day Care/Head Start and CPS: Working Together

Thomas F. Carr, Child's Play, Inc., Natick, MA and Dept. of Social Services, Marlboro, MA
Sally Lee Wellington, Wellesley Public Schools, Wellesley, MA
Ada Diedrich, Judge Baker Guidance Center, Boston, MA
Barry L. Carroll, Western Kentucky University, Bowling Green, KY

A Re-Examination of the Traditional Incestuous Family

Wayne M. Holder and Cynthia B. Mohr, Child Protection Division, American Humane Assn., Englewood, CO

How Mental Health and Social Services Can Be Mutually Engaged on Behalf of Abused and Neglected Children

Murray J. Friedman and Bernard G. Pasquariello, NIMH Project on Foster Children, Center for Preventive Psychiatry, White Plains, NY

Child Abuse and the Handicapped Child

Gerald Solomons, Region VII Child Abuse and Neglect Resource Center, University of Iowa, Iowa City, IA

Family Therapy with Abusive Families: A Comparison of the Major Approaches

D. Kinly Sturkie and Jerry P. Flemer, Graduate School of Social Work, University of Arkansas at Little Rock, AR

Finding and Using Strengths of Children and Families

Francisco Montes, Project Respite and Remediation, Colorado Springs, CO
Glen Sallows, Mendota Mental Health Institute, Madison, WI
Scotti Thrails, Nebraska Psychiatric Institute, Omaha, NE

Protecting the Protective Worker: Burnout Prevention Among Front Line Service Providers

James Jarvis Nuttall, Family Court of Delaware, Wilmington, DE

Declassification Issues

Nancy Humphreys, National Association of Social Workers, Washington, DC

FORUMS

E. SUPPORTIVE SERVICES FORUM

HELPLINES

FACT Hotline Program, Family Stress Services of DC, Washington, DC

SELF-HELP

Roots and Wings, Parents Anonymous of Texas, Dallas, TX

Help for the Helpers, Parents Anonymous Sponsor Assistance Program for Washington State, Auburn, WA

Self-Help Groups for Hispanic Families, Family Life Development Center, Cornell University, Ithaca, NY

Mutual Aid and Self-Help Groups in a Public Child Welfare Agency, Queens Special Services for Children, Jamaica, NY

CRISIS NURSERIES

Time Out Nursery, Hawaii Family Stress Center, Kapiolani Children's Medical Center, Honolulu, HI

Crisis Nursery/Parent Support Groups, Family Support Center, Salt Lake City, UT

Emergency Day Care for Children at Risk, Children's Home Society of CA, San Mateo, CA

Wisconsin Tri County Crisis Support System, Red Caboose Day Care Center, Inc., Madison, WI

FOSTER GRANDPARENTS

Foster Grandparent Program, ACTION, Washington, DC

San Antonio Foster Grandparent Program, San Antonio, TX

HOME-BASED SERVICES

In Home Family Treatment, Iowa Children's and Family Service, Des Moines, IA

Home and Community Treatment Program, Mendota Mental Health Institute, Madison, WI

Parent-to-Parent Model, High/Scope Research Foundation, Ypsilanti, MI

Parents and Children Together (PACT), Wayne State University, Detroit, MI

Project 12-Ways, Rehabilitation Institute, Southern Illinois University, Carbondale, IL

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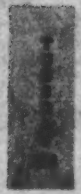

NATURAL HELPING NETWORKS

Center for Latino Child Development and Family Studies, *El Hogar del Nino, Chicago, IL*

PARENT AIDES

Lay Therapists and Parent Education Group (PEG), *The Family Link, Inc., Chicago, IL*

Helena Parent Aide Program, *Lewis and Clark County Welfare, Helena, MT*

Parent Aide Program, *South Central Community Mental Health Center, Bloomington, IN*

Parent Aide Program, *Alliance/Division of Catholic Charities, Syracuse, NY*

Family Training and Outreach Program, *Dunkirk Day Care Center, Dunkirk, NY*

Pediatric Outreach Home Visitor Program, *St. Luke's-Roosevelt Hospital Center, New York, NY*

HomeCall of Rochester, Inc., *Rochester, NY*

F. NETWORKING FORUM

STATE LEVEL

California Consortium of Child Abuse Councils, *Region IX Child Abuse and Neglect Resource Center, Los Angeles, CA*

Organizing Local Groups into a Statewide Network for the Prevention of Child Abuse, *North Carolina Division of Social Services, Raleigh, NC*

Rural Child Protection Teams, *Colorado State Dept. of Social Services, Denver, CO*

Iowa State Technical Assistance and Training Team, Inc. (STAT), *Des Moines, IA*

National Committee for Prevention of Child Abuse, *Chicago, IL*

INTER-SYSTEM

Council on Children and Families, *Federation for Community Planning, Cleveland, OH*

Nah-sa-ve-sha, *Yakima Indian Nation/Indian Health Service, Toppenish, WA*

Cooperative Development of Media Materials, *Agency for Instructional Television, Bloomington, IN*

MULTIDISCIPLINARY TEAMS

START (Severe Trauma Assessment, Recognition and Treatment), *Virginia Beach Dept. of Social Services, Virginia Beach, VA*

UCLA SCAN Team, *UCLA Medical Center, Los Angeles, CA*

Interdisciplinary Team on Child Maltreatment, *Bronx Field Office, New York City Special Services for Children, Bronx, NY*

Belmont County Child Protection Team, *Belmont County Service Center, Bamaji, MN*

Model for the Delivery of Case Coordinating Services, *Council on Children at Risk, Moline, IL*

COMMUNITY COUNCILS

York County Child Abuse and Neglect Council, *Limerick, ME*

Council for the Prevention of Child Abuse and Neglect, *Lansing, MI*

Supportive Child/Adult Network (SCAN) of Philadelphia, *University of Pennsylvania/Children's Hospital of Philadelphia, Philadelphia, PA*

SERVICE NETWORKING

Coalition for Children, Youth and Families, *San Antonio, TX*

Minnesota Program for Victims of Sexual Assault, *St. Paul, MN*

INSTITUTES (FIRST SESSION)

1. Child Sexual Abuse: Building Treatment and Networking Skills

Elaine Bernstorm, Child Sexual Abuse Treatment-Training Institute, Joseph J. Peters Institute, Philadelphia, PA
Barry Glarvin, Child Sexual Abuse Treatment-Training Institute, Institute for the Community as Extended Family, San Jose, CA
Nahman Greenberg, MD, Child Sexual Abuse Treatment-Training Institute, CAUSES, Chicago, IL
Kathleen Kennelly, Child Sexual Abuse Treatment-Training Institute, Sexual Assault Center, Harborview, Medical Center, Seattle, WA
Janet Rosenzweig-Smith, Child Sexual Abuse Treatment-Training Institute, Child and Family Services, Knoxville, TN

II. Issues in Substance Abuse and Child Protection: Testing a Model Curriculum

Paul Kiry, Minnesota Dept. of Public Welfare, St. Paul, MN

Barbara Ellis, National Institute on Drug Abuse, Rockville, MD

III. Impact of the Federal Budget Process and Policies on State and Local Programs

Ellen Hoffman, Children's Defense Fund, Washington, DC

IV. Struggles of Minority and Ethnic Families

Joseph Giordano, Center on Group Identity and Mental Health, American Jewish Committee, New York City

Tomas Martinez, Van Nuys Community Mental Health Center, Van Nuys, CA and Pepperdine University, Los Angeles, CA

Song Ja Park, Pan-Asian Parent Education Project, San Diego, CA

Dolores Reid, Montgomery County Children Services Board, Dayton, OH

Patricia Turner-Smith, Consultant to Region V Child Abuse and Neglect Resource Center, Milwaukee, WI and YWCA of Indianapolis, IN

V. Family Violence

Ellen Bernett, Consultant to U.S. Dept. of Health and Human Services Office on Domestic Violence, Washington, DC

Jane Zeitlin, U.S. Dept. of Health and Human Services Office on Domestic Violence, Washington, DC

VI. Healthy People/Healthy Families

James Gordon, MD, Adolescent Services, Saint Elizabeth's Hospital, Washington, DC

VII. Protecting the Rights of Institutionalized Individuals

Adjoa Burrow, U.S. Dept. of Justice Office of Civil Rights, Washington, DC

John Corrigan, National Center on Child Abuse and Neglect, Washington, DC

Jules Kerness, New York State Temporary Commission on Child Welfare, Albany, NY

Fred Kraus, President's Commission on Mental Retardation, Washington, DC

Beatrice Moore, Child Welfare Services — State Grant Division, Administration for Children, Youth and Families, Washington, DC

Senator Joseph R. Pisani, New York State Temporary Commission on Child Welfare, Albany, NY

John Turpin, Administration for Children, Youth and Families, Washington, DC

George Thomas, Regional Institute of Social Welfare Research, Athens, GA

VIII. Mock Trial

Howard Davidson, National Legal Resource Center for Child Advocacy and Protection, American Bar Association, Washington, DC

Victor Manian, Chief Judge, Milwaukee County, WI

IX. Corporal Punishment

Norma Deitch Feshbach, Departments of Education and Psychology, University of California—Los Angeles, CA

X. Childhood Comes First: A Crash Course in Childhood for Adults

Ray Helfer, MD, College of Human Medicine, Michigan State University, East Lansing, MI

Ann Wilson, University of South Dakota Medical School, Vermillion, SD

SERIES 300 WORKSHOPS – FORUMS G, H – INSTITUTES

WORKSHOPS (Workshops will be numbered in final program)

Adolescent Maltreatment: Preliminary Findings of NCCAN Evaluation
Bruce Fisher and Leslie Medina, URSA, San Francisco, CA

Religion and Religious Groups in America: An Unrealized Resource
Bill S. Caldwell, Child Development Division, University of Texas Medical Branch, Galveston, TX
Mary Lee Johns, Children and Youth Services Program, Texas Conference of Churches, Austin, TX
Alice Hyde Christensen, George Peabody College, Vanderbilt University, Nashville, TN
William J. Hughes, M.Th., Chaplain (Lt. Col., Ret.) U.S. Army

Teaming in Child Protective Services: A Way to Service the Demands of PL 96-272 in a Public CPS Agency
Elsa Ten Broeck, Family Protection Act, San Mateo County Children's Services, San Mateo, CA

What is Success: Defining Child Abuse and Neglect and Developing Appropriate Outcome Measures for Child Protective Services
David Sears, National Center on Child Abuse and Neglect, Washington, DC
Alison Edgington, West Dallas Family Health Care Network, Dallas, TX
Roy C. Herrenkohl, Center for Social Research, Lehigh University, Bethlehem, PA
Joan I. Leyzer, Abt Associates, Cambridge, MA
Beverly DeGraaf, Berkeley Planning Associates, Berkeley, CA
Joanne Giovannoni, School of Social Welfare, UCLA
Sandra Felt, Urban League, Colorado Springs, CO
Stephen Magura, Mary Ann Jones, and Beth S. Moses, Child Welfare League of America, New York, NY

Primary Prevention: The Fourth Revolution
Jetta Marie Bernier, Connecticut Child Welfare Association, Inc., Hartford, CT

Consultation Model for Development of Community Child Abuse Programs in Rural Communities
Karen Authier, Nebraska Psychiatric Institute, Omaha, NE
Gay Angel, Meyer Children's Rehabilitation Institute, Omaha, NE
Morgan Hecht, Creighton Psychiatric Associates, Omaha, NE

TUESDAY PM

Interdisciplinary Management of Child Sexual Abuse

Kathleen Coulborn Faller, Interdisciplinary Project on Child Abuse and Neglect, University of Michigan, Ann Arbor, MI

Donald N. Duquette, Child Advocacy Law Clinic, University of Michigan, Ann Arbor, MI

Possibilities for Change: The Intellectually Handicapped Parent

Steven A. Rosenberg, Intensive Services to Families Project, Meyer Children's Rehabilitation Institute, Omaha, NE

Scotti Thrulls, Nebraska Psychiatric Institute, Omaha, NE

Barb Jessing, Eastern Nebraska Human Service Agency, Omaha, NE

Bertina Loop, Family Advocacy Project Protection and Advocacy Division, Iowa Civil Rights Commission, Des Moines, IA

Special Problems in Working with Military Families

Ernest Morant, Prince William County Department of Social Services, Manassas, VA

Improving Child Protection Team Case Conferences

Barton D. Schmitt and Joan Sanock Solheim, National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, CO

Multidisciplinary Teams: Are They Really Helpful?

(To be announced)

From Initial Interview through Counseling the Family

Martin J. Bliwasky and Cathy Stanley, Children's Home Society of Washington, Auburn, WA

Donald Collins and Virginia Beckham, Juvenile Justice Center, Department of Health and Rehabilitative Services, Pensacola, FL

The Children: Dynamics and Treatment Issues

Sharon W. Ryan, Family Enrichment Program, Morristown Memorial Hospital, Morristown, NJ

Patricia Clark, Morristown, NJ

Martha Heldopoulos, Mendham, NJ

Gregg Benson, Morris Township, NJ

The Role of the Volunteer in Protecting the Child at Risk

Mary DeKuyper and Carolyn S. Lenering, Association of Junior Leagues, New York, NY

Florence Schwartz, Hunter College School of Social Work, New York, NY

Representatives of Junior League Child Abuse Projects

TUESDAY PM

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Slowing the Fire of Worker Burnout
Patricia Carol Griffin and Joseph Peraulto, Special Services for Children, New York, NY
Wayne Chase, Julie Norlin, Steve Anderson, and Dale Kunkel, School of Social Work, University of Oklahoma, Norman, OK

How to Insure Success in Planning and Carrying Out a Public Awareness Program
William Moore, Child Welfare League of America, New York, NY

Child Abuse: A Contributory Factor to Infant Mortality
Clara Waldinger, MD, Bohdan Celewycz, MD, Donald Dye, MD, and Pamela Lacey, Department of Health, Chicago, IL
Jeanine Smith, Illinois Department of Children and Family Services, Chicago, IL
Robert J. Stein, MD, Medical Examiner's Office, Chicago, IL

FORUMS

G. ORGANIZATIONAL SETTINGS FORUM

EDUCATION

School Child Abuse and Neglect Team, *Jefferson County Schools, Lakewood, CO*

Child Development Center Program, *Seattle Public Schools, Seattle, WA*

MOD: Methods of Discipline in Education, *School of Social Work, University of North Carolina, Chapel Hill, NC*

Protective Behaviors Project, *Madison Metropolitan School District, Madison, WI*

Sexual Abuse Prevention Through Education of Parents and School-Age Children, *Family Resource Center, Seaside, CA*

Early Education Program for Developmentally Delayed Children, *St. Paul Public Schools, St. Paul, MN*

CHILD PROTECTIVE SERVICES

Self-Referral Demonstration Project, *Denver Research Institute, Denver, CO*

Screening Unit, *Bronx Special Services for Children, Bronx, NY*

Community Outreach Program, *Quinebaug Valley Youth Services Bureau, Storrs, CT*

Greater Burlington Mothers Group, *Department of Social and Rehabilitation Services, Burlington, VT*

Mobilizing State Resources to Streamline Child Protective Services, *Illinois Dept. of Children and Family Services, Springfield, IL*

Oahu CPS Center, *Kapiolani Children's Medical Center, Honolulu, HI*

Texas Family Outreach, *Texas Department of Human Services, Austin, TX*

Visiting Nurse Association, *Burlington, VT*

HEALTH

Well-Baby Visits as Therapy for the High Risk Parent, *Kaiser-Permanente Medical Center, Fontana, CA*

SCAN Teams, *Children's Hospital of Philadelphia, Philadelphia, PA*

Preventive and Therapeutic Mental Health Services for Preschool Foster Children and Foster Parents, *The Chesapeake Health Plan, Baltimore, MD*

BUSINESS

Amalgamated Child Day Care and Health Center, *Amalgamated Clothing and Textile Workers Union, Chicago, IL*

LEGAL

Guardian ad Litem Program, *Office of State Courts Administrator, Tallahassee, FL*

Guardian ad Litem Program, *Alachua County Court/Alachua County Council on Child Abuse, Inc., Gainesville, FL*

Children's Rights Unit and Parents' Rights Unit, *New York City Special Services for Children, Office of Advocacy, New York, NY*

Cherokee Nation Indian Child Welfare Program, *Cherokee Nation of Oklahoma, Tahlequah, OK*

II. TRAINING FORUM

PROTECTIVE SERVICES

Preparing the BSW Graduate for Practice in Child Welfare, *Social Work Program, University of Mississippi, University, MS*

New York State Child Protective Services Training Institute, *Family Life Development Center, Cornell University, Ithaca, NY*

Staff Development in Child Protective Services, *Western Washington University, Washington State Dept. of Social and Health Services, Seattle, WA*

PENDENT
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Repetential Staff Development Training Model, *Summit Co. Children Services Board, Akron, OH*

Child Protective Services Technical Assistance Package, *Creative Associates, Washington, DC*

Understanding Cultural Patterns of Child Abuse and Neglect, *Department of Psychology, University of Hawaii, Honolulu, HI*

LAW ENFORCEMENT

Domestic Crisis Intervention Training/Conflict Management, *Division of Youth and Family Services, Atlantic City, NJ*

MEDICAL

Training the Medical Professional in the Hospital Setting, *Stark County Welfare Department, Canton, OH*

Documenting Cases of Suspected Child Abuse and Neglect, *Social Service Department, Children's Hospital Columbus, OH*

EDUCATORS

School Training and Consultation Project, *Community Child Protection Network of Chittenden County, Burlington, VT*

Project Help, *Cupertino Union School District, Santa Clara, CA*

INSTITUTES (Continued)

All Tuesday morning Institutes will continue through Tuesday afternoon.

SERIES 400 WORKSHOPS

WORKSHOPS (Workshops will be numbered in final program)

Juvenile Prostitution: Victims of a Victimless Crime
Sharon Bryant, Barbara Jones and Fern Sepler, Newbridge Program, Minneapolis, MN

Corporate and Business Communities: Involving Them in Child Abuse and Neglect Activities
(To be announced)

Child Protective Services and Permanency Planning
Howard Dossack and Eunice Snyder, Western Washington University, Seattle, WA
Stephen Lorch and Jo Shifrin, New England Resource Center for Protective Services, Boston, MA

The Impact of Harassment on Foster Children
Kathleen Baxter-Stern, Elissa Gil and Donna Lloyd Palmer, San Francisco Child Abuse Council, San Francisco, CA

Standards of Knowledge and Skill for CPS Staff: Their Source, Requirements, Utility and Effect
Isadora Hare, National Professional Resource Center on Child Abuse and Neglect, National Association of Social Workers, Washington, DC
Joanne Salcido, National Professional Resource Center on Child Abuse and Neglect, American Public Welfare Association, Washington, DC

Adoption Assistance and Child Welfare Act of 1980 (PL 96-272): Implications for Child Abuse and Neglect
Rosalie Anderson, Region VI Adoption Resource Center, Austin, TX
Robert Ambrosino, Management Directions, Inc., Austin, TX

Alternatives to Corporal Punishment: At Home and School
Helen L. Morrison, MD, Chicago, IL
Mary Ann Levine, Department of Early Childhood Education, Kent State University, Kent, OH
Patricia B. Bassel, Department of Social Work, Ohio University, Athens, OH

A Community Approach to Family Violence

Sheila Kiscaden, Olmsted County Family Services, Rochester, MN
Joan Michaels, Olmsted County Family Violence Task Force, Rochester, MN
Daniel D. Broughton, MD, Department of Pediatrics, Mayo Clinic, Rochester, MN
Rosemary Ahmann, former County Commissioner, Olmsted County, Rochester, MN

Family Violence: Exploring the Generational Theory

Jeffrey A. Fagan and Virginia S. Lewis, National Family Violence Evaluation, URSA Institute, San Francisco, CA
Anne S. Kuhl, Domestic Violence Research Bank, Washington State University, Pullman, WA

An Advocacy Model for Treatment of Abused Women and Abused Children

Deborah Naas, Task Force on Battered Women, Milwaukee, WI
Margaret McCarthy, ACCESS, Milwaukee County Department of Social Services, Milwaukee, WI

Family and Children's Trust Fund

January H. Scott and G. Joseph Pierron, Kansas Committee for the Prevention of Child Abuse, Topeka, KS

Institutional Child Abuse: Prevention Through Training

Gregory J. Smiles, Institutional Child Abuse Project, New Jersey Division of Youth and Family Services, Trenton, NJ

Legal Advocacy for Parents

Philip Murray, Vivienne Hewitt and Marjorie Rosekford, New York City Special Services for Children, Office of Advocacy, New York, NY
Carolyn A. Kubitschek, MFY Legal Services, Inc., New York, NY

Evaluating Primary Prevention of Child Abuse Programs

Ellen Grey, National Research Project, National Committee for Prevention of Child Abuse, Chicago, IL
Joan DiLeonardi, Illinois Children's Home and Aid Society, Chicago, IL

Programs, Policies and Personnel: Coordinating for Rural and Urban Indian Family Services

Gerald Harmon, Diane McKissick and Rosie Irwin, Urban Indian Child Resource Center, Oakland, CA
Gay Daltrich, Region VIII Child Abuse and Neglect Resource Center, Denver, CO
Burt Annin, Montana SRS and Consultant to 7 Tribes of Montana
Steve Barse, Sisseton-Wahpeton Sioux Tribal Child Protection

Rebuilding the Extended Family as a Method for Working with Blacks Who Have Children in Foster Placement

Geraldine L. Carter, Roy Maiden and Charles Green, Survival Skills Institute, Inc., Minneapolis, MN

WEDNESDAY AM

Familias Unidas Latinas: Child Abuse and Neglect Treatment Strategy in Bilingual/Bicultural Inner-City Minorities
Geraldine Zapata, Region IX Child Abuse and Neglect Resource Center, Los Angeles, CA
David Diaz, Plaza Family Support Center, Los Angeles, CA
Margarita Mendez, Pediatric Pavilion, Los Angeles, CA

Innovative Treatment of Child Neglect
Lee Stubiarez, Berkeley Planning Associates, Berkeley, CA
Aileen Edgington, Dallas Children and Youth Project, Dallas, TX
Jane Gray, National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, CO
Phyllis Rozansky, Project TIME for Parents, Family Resource Center, St. Louis, MO
Marie Starr, Treatment of Child Neglect Project, Muckleshoot Tribal Council, Auburn, WA

Perinatal Coaching to Enhance Parent-Infant Communications
Ray Helfer, MD, College of Human Medicine, Michigan State University, East Lansing
Ann Wilson, University of South Dakota Medical School, Vermillion, SD

Parents Groups: Reaching Out from the Grass Roots
Carolyn Ryzewicz and Diane Mason, CDG Enterprises, Western Springs, IL

Leadership Training for Self-Help Facilitators
Helen Swan, Johnson County Mental Health Center, Olathe, KS
Andrea Hickerson, Parents Anonymous of Kansas, Olathe, KS
Chris Herbruck, Parents Anonymous of Northeastern Ohio, Cleveland, OH
Margo Fritz, National Parents Anonymous, Torrance, CA

Child Abuse and Neglect and the Political Environment
(To be announced)

CPS and The Schools: Identifying Barriers in Promoting Cooperation and Coordination
Rosaleen Mazur, Family Life Development Center, Cornell University, Ithaca, NY
Mary Jane Cotter, Mayor's Task Force on Child Abuse and Neglect, Special Services for Children, New York, NY
Harold Burton, Queens Field Office, Special Services for Children, Jamaica, NY
Danilo DiPietro, Queens Society for the Prevention of Cruelty to Children, Jamaica, NY
Rosalyn Ferguson, Builders for Youth program, Catholic Charities, South Ozone Park, NY
Eleanor Shea, Bureau of Vocational and Educational Guidance, New York City Board of Education, New York, NY

Sexually Transmitted Diseases in Children: Methods for Inter-agency Cooperation
Joyce N. Thomas, Child Protection Center—Special Unit, Children's Hospital National Medical Center, Washington, DC
Nahman Greenberg, MD, Intrafamilial Childhood Sexual Abuse Project, CAUSES, Chicago, IL

The Male Molestation Victim as an Adult
Linda V. Walker, YWCA Family Stress Center, National City, CA
Jack A. Haskins, Chula Vista Police Department, Chula Vista, CA

Treating Dual Dependencies: Child Sexual Abuse and Chemical Dependency
Miriam Ingebritson and Mary Mullvida, Family Sexual Abuse Treatment, Family Renewal Center, Fairview-Southdale Hospital, Edina, MN

A Woman's Recovery: The Effects of the Motherhood Myth on Recovery
M. Marie Boehlke and Joanne Detaller-O'Keefe, Chrysalis Center for Women, Minneapolis, MN

Diagnosis of Infant Abuse and Neglect by Substance Abuse Counselors: An Observational Model
Michael David Trout, Center for the Study of Infants and Their Families, Alma, MI

Identifying and Working with Children from Chemically Dependent Families
Mary Herek, Hennepin County Community Services, Minneapolis, MN
Maxine West and Pat Koept, Chrysalis Center for Women, Minneapolis, MN
Rohelle W. Lerner, Children Are People, Inc., St. Paul, MN

Training Mandated Reporters: What Can I Do to Prevent Harm to Children?
Paul M. Kiley, Child Abuse Reporting Project, Minnesota Department of Public Welfare, St. Paul, MN

Working with Hostility/Working with Passive Resistance
Barbara T. Harrell, Ed Stone, Joy Rabinowitz and Donna Hickman, Roxbury Children's Service, Inc., Dorchester, MA
Richard Cole, Parent Aide Program, Children's Home Society of Washington, Auburn, WA

I Wish I Were a Puppy — Then People Would Want to Touch Me
Josephine A. Braden, Milwaukee, WI
Rick Van Acker, Covenant Children's Home and Family Services, Princeton, IL

Worker Liability: Who's Really Liable?
Larry Brown, Children's Division, American Humane Association, Englewood, CO
Michael Lauderdale, Resource Centers on Child Abuse and Adoption, University of Texas at Austin, Austin, TX

Exploration and Utilization of Child Abuse and Neglect Information Systems Data
Stephen C. Anderson and Herbert Richek, University of Oklahoma School of Social Work, Norman, OK
Srinika Jayaratne, University of Michigan School of Social Work, Ann Arbor, MI

WEDNESDAY AM

REGIONAL HOSPITALITY ROOMS

Each Regional Child Abuse and Neglect Resource Center will host a Hospitality Room for Conference participants from their respective region on Sunday April 5 from 3:00 p.m. to 6:00 p.m. Come early and get acquainted or reacquainted with persons from your region.

FILM FESTIVAL

The Conference Film Festival will offer ten media items selected on the basis of recency, quality of content, and effective presentation. The Film Festival is scheduled from 2:00 p.m. to 7:00 p.m. on Sunday April 5. Each of the ten media will be shown once during this period according to a timetable which will appear in the Conference program. Thereafter, the Film Room will be open during Conference lunch hours when an operator will be available to show media from the Festival upon request or to schedule a later showing.

BOOK FAIR

The University of Wisconsin-Milwaukee Bookstore will conduct a Book Fair at the Hyatt Regency where Conference participants can peruse or purchase a wide variety of books on child abuse and neglect and related topics. The Book Fair will be open:

Sunday April 5, 1981	2:00 p.m. - 7:00 p.m.
Monday April 6, 1981	Noon - 2:00 p.m.; 5:00 p.m. - 8:00 p.m.
Tuesday April 7, 1981	Noon - 2:00 p.m.; 5:00 p.m. - 8:00 p.m.

CAUCUSES

Caucuses for minority and other special interest groups will be scheduled on Tuesday evening, April 7. Groups interested in sponsoring special meetings or receptions will be accommodated on a first-call, space-available basis. Contact the Region V Child Abuse and Neglect Resource Center to reserve space.

NURTURING ROOM

Since nurturing is significant in preventing and treating child abuse and neglect as well as in preventing the burn-out of professional and other workers in the field, a nurturing room will be open during the FIFTH NATIONAL CONFERENCE ON

CHILD ABUSE AND NEGLECT. Conference participants may use the room to meet their own needs or to discuss nurturing techniques with the Southside Family Nurturing Center, Minneapolis, MN, who will staff the room from noon to 10:00 pm on Monday and Tuesday.

EMPLOYMENT POSTING

A bulletin board will be available in the Conference Registration area for job seekers to post resumes and employers to post openings.

CONTINUING EDUCATION CREDIT

Continuing education units (CEU's) will be available for all Workshops and Institutes.

Approval has been requested for professional continuing education credit for selected Workshops and Institutes particularly pertinent to physicians, nurses, law enforcement and legal personnel.

As the Preliminary Program goes to press, most names listed are confirmed. However, it should be understood that unexpected circumstances sometimes force a speaker to cancel, and the Conference Sponsors have no control over such emergencies. A few additional Workshops and programs for inclusion in the Forums are planned and will appear in the Final Program.

AN IMPORTANT NOTE ABOUT CULTURAL AND MINORITY ISSUES IN WORKSHOPS

It is hoped that the FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT will enhance all participants' awareness of issues concerning cultural and ethnic minorities. Some Workshops focus specifically on these issues. In addition, sensitivity to content which incorporates minority strengths and concerns was one criterion used in Workshop selection, and all Workshop presenters have been urged to address these issues in their presentations.

NETWORKING FORUM
RESOURCE BOOKLET

by

Carol Bolton, Compiler
Maggie Melvin, Editor

FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT
Milwaukee, Wisconsin
Tuesday, April 7, 1981
9:00 a.m. - 12 noon
Hyatt, Regency B

April, 1981

This publication was made possible by Grant No. 90-C-1590 from the National Center on Child Abuse and Neglect; Children's Bureau, Administration for Children, Youth and Families; Office of Human Development Services; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Its contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the Federal government. Contribution of material is welcome.

Conference Sponsors:

REGION V CHILD ABUSE AND NEGLECT RESOURCE CENTER
Center for Advanced Studies in Human Services
School of Social Welfare
The University of Wisconsin-Milwaukee

NATIONAL CENTER ON CHILD ABUSE AND NEGLECT
Children's Bureau
Administration for Children, Youth and Families
Office of Human Development Services
U.S. Department of Health and Human Services

Cooperating Sponsor:

CENTER FOR SOCIAL SERVICE
Health & Human Services Program Area
Div. of Professional and Human Development
University of Wisconsin-Extension

NETWORKING

OVERVIEW

Rationale: As expanding awareness of CAN has broadened the base of responsibility for providing services to children and families, the concept of community networking has burgeoned into key importance in providing a full range of prevention, identification, assessment and treatment services. While child protective services continue to carry the primary and pivotal responsibility for investigation of child abuse and neglect, community-wide efforts are being mobilized in order to effect a comprehensive response to the total problem of child maltreatment.

Effective, comprehensive service provision necessitates combining the professional disciplines of law enforcement, medical service, education and supportive services; it requires that existing human service systems strengthen their current linkages and develop new ones; it challenges new segments of the community to begin to assume legal and ethical responsibilities for families in stress and identify their roles in implementing an expanded service system.

This process of community maturation and growth requires that mechanisms be designed to strengthen and enhance communication, to coordinate planning efforts and to ferret out roles and responsibilities in defining and designing a total spectrum of services.

Kinds: As communities move in this direction, networks are emerging along both organizational and functional lines. From an organizational point of view, we see groups networking geographic entities, various systems, multi-disciplines and multiple services. From a functional point of view, existing networks seem to serve four distinct functions. These functions define members and determine their association and activity in the following way:

INDIRECT SERVICE: RESOURCE NETWORKING

MEMBERS: Representatives from key health, mental health, school, day care, social services, law enforcement, volunteer bureaus.

ASSOCIATION: Task-specific team whose association is an end product; whose existence as a team is time-limited; whose function can then be maintained by a designated person/agency.

ACTIVITIES: Collecting information about specific resources (programs, services, people, agencies); linking like programs; developing service agreements; facilitating program access to service workers and the families they serve; eliminating duplication of services.

DIRECT SERVICE: CASE STAFFING/CASE CONSULTATION

MEMBERS: Members of medical, education, law enforcement and social work professions.

ASSOCIATION: Ongoing, working team frequently having a particular setting, i.e., hospital, school, or protective service agency.

ACTIVITIES: Case staffing with case consultations in the areas of identification/diagnosis and long term treatment.

INDIRECT SERVICE: PLANNING/DEVELOPMENT/EVALUATION OF SERVICES

MEMBERS: Leaders from the medical, education, law enforcement and social work disciplines; key citizens from the business, political and volunteer segments of the community.

ASSOCIATION: Ongoing, working team.

ACTIVITIES: Evaluating and supporting existing services; developing and implementing new services in the area of diagnosis and treatment of CAN; providing community and professional awareness and education.

INDIRECT SERVICE: ADMINISTRATION/POLICY MAKING/COORDINATION

MEMBERS: Professional and citizen representatives from the three components of the community team, i.e, (1) diagnostic, (2) treatment, and (3) education/public relations.

ASSOCIATION: Ongoing, working team.

ACTIVITIES: Role definitions, policy making, evaluation and coordination.

Each one of these team groups contributes a distinct function in a community's response and responsibility to the prevention and treatment of family violence. Any one of these functions can be a community's starting point in developing a total, integrated system. Any particular team group often blends various functions under its aegis. Whatever the blend or developmental pattern, whatever the mix of teams and functions, the end product is a network of services to strengthen families.

Issues: It is the goal of the networking forum to examine specific examples of networking and to explore the various issues which are strengthening or impeding their effectiveness.
In conceptualizing each program, the following questions are central:

1) What are the primary goals of the network? Are these goals clear and are they mutually accepted by all participating members? What secondary goals are held by individual members?

2) What is the source of funding and what constraints or sanctions does the funding create? Are funding issues draining the energy of the organization?

3) What is the source of legal and/or professional sanction for the network? Has the sanction evolved from the community or has it been created at the professional level? Do conflicts exist?

4) What formal and/or informal agreements exist within the membership of the network?

5) Does the membership consist of policy-makers or line persons, or some combination thereof?

6) Are there gaps in the network membership? Are these gaps impeding productivity?

7) Are there multiple networks working within a community? Are these networks interfacing with one another effectively? Are individual families interacting with more than one network? Positively or counterproductively?

8) Have agency role and "turf" issues been resolved by the network? Has the resolution been formalized or is it contingent upon individual personalities?

9) Have operational issues such as evaluation and confidentiality been handled within the structures of the network?

Conclusion: It is the intent of this forum to provide a format and tone whereby both participatns and presenters will engage in active, candid dialogue, examining not only specific program issues, but overall conceptual issues and trends as well.

PROGRAM DESCRIPTIONS

These programs are not presented as model programs. They may well be that, but their inclusion here is based on an attempt to represent the wide range of networking possibilities. We hope that the sharing of their experience will plant seeds in other communities, provide technical assistance to other programs and begin to build a support network of professionals, paraprofessionals and volunteers engaged in similar programs. We hope that the program descriptions offered here will help to trigger dynamic points of interchange.

COUNCIL ON CHILDREN AND FAMILIES

Federation of Community Planning
1001 Huron Road
Cleveland, OH 44115
(216) 781-2944

Program represented by: Members of the Council on Children and Families.

SPONSORING/PARENT AGENCY: Federation of Community Planning.

POPULATION SERVED: Greater Cleveland, Cuyahoga County.

FUNDING SOURCES: Local foundation grants and core budget.

SUMMARY OF KEY FEATURES:

Council on Children and Families is a merger of two community councils, namely 1) Council on Children at Risk and 2) Council on Children and Families.

The Council for Children at Risk was organized in 1975 by the Federation for Community Planning, a citizen-led community-based voluntary planning/research agency. Its purpose was to recruit and mobilize resources and engage in community planning for implementation of new services related to the problem of child abuse and neglect.

The Council on Children and Families was organized in 1977 to address the interrelationships of agencies serving children and families. It's purpose was to address the broad issues of child welfare. Membership on this Council was by agency only and included more than 75 health, human service and educational institutions.

PROJECT EXPERIENCE:

THINGS THAT WORKED:

Former councils 1) creation of Guardian Ad Litem Services for Juvenile Court, 2) passage of termination of parental rights legislation in Ohio, 3) development of case management unit for families involved in child abuse and neglect in child protection agency, and 4) initiation of 24 hour reporting line.

Newly merged council 1) more efficient and at least as effective, 2) issues affecting families are no longer fragmented by special interests from within 2 groups, 3) ability to speak with a single voice in the community and throughout the state.

PROBLEMS: Coordinating efforts of this nature are expensive (approximately $60,000 in 1980).

MINNESOTA PROGRAM FOR VICTIMS OF SEXUAL ASSAULT

Department of Corrections
430 Metro Square Building
St. Paul, MN 55101
(612) 296-7084

Program Represented by: Peggy Spector, Sharon Sayles

SPONSORING/PARENT AGENCY: Department of Corrections

POPULATION SERVED: victims, professionals, and general public

FUNDING SOURCES:

Originally: LEAA grant
Currently: Legislative appropriation included on State Department of Corrections biennium budget

SUMMARY OF KEY FEATURES:

Major activities have been the following: 1) Providing assistance to sexual assault victims and their families, the Program: facilitates local communities to develop services for victims of sexual assault; maintains a resource file of referral sources. 2) Administering legislative appropriations to provide grants to local programs which offer victim services, the Program awards grants to 23 community-based sexual assault programs and provides technical assistance to grantees and monitors grantees' performance. 3) Providing training programs for law enforcement, legal, health care and human service personnel, crisis line volunteers and victim advocates. 4) Developing and distributing materials relating to sexual assault, the Program has produced: a) a brochure, "Sexual Assault: A Statewide Problem"; b) an award-winning slide/tape show, "A Crime of Violence"; c) procedure manuals for medical, law enforcement, legal and human service personnel, Sexual Assault: A Statewide Problem and Incest: Confronting the Silent Crime; d) a sexual assault evidentiary kit, in cooperation with the Bureau of Criminal Apprehension. 5) Educating the public on the nature and scope of sexual assault, the program maintains a speakers bureau, and publishes a quarterly newsletter. 6) Working to affect public policy as it related to the needs of victims of sexual assault, the Program cooperates with other interested groups.

PROJECT EXPERIENCE:

START (SEVERE TRAUMA ASSESSMENT, RECOGNITION AND TREATMENT)

Virginia Beach Department of Social Services
3432 Virginia Beach Blvd.
Virginia Beach, VA 23452
(804) 486-7223

Program represented by: Gayle E. Simons, Deborah Balak.

SPONSORING/PARENT AGENCY: Virginia Beach Department of Social Services
Virginia Beach, VA

POPULATION SERVED: High risk, young mothers with potential for abuse.
Children at risk for severe trauma.

FUNDING SOURCES: In-kind contributions from participating agencies - no formal funding source.

SUMMARY OF KEY FEATURES:

START: Severe Trauma Assessment, Recognition and Treatment is a community-based multidiscipline team to identify at-risk families and give services to enrich the parent-child relationship; to offer support services; offer supplemental and substitute parenting when necessary and offer permanent relief from parenting when this is the needed service. All services are planned to relieve the stress in the parent-child relationship, to enrich that relationship, when possible, and prevent severe injury.

In this project, participating agencies pool resources and share ideas in order to provide better coordination of services to the target population. The project is in its first year and is currently doing a needs assessment to identify service gaps. Staff is increasing community awareness through a Speakers Bureau, and is developing a presentation of successful programs in the Tide-water area.

PROJECT EXPERIENCE:

The project is currently in its first year and has not yet had opportunity for evaluation. It is, however, beginning to see the results of agencies working together sharing problems, staffing cases, and providing mutual support to one another in working in this difficult area. The lack of funding has intensified the need for continued pooling of limited resources in order to maximize service delivery.

INTERDISCIPLINARY TEAM ON CHILD MALTREATMENT

New York City Special Services for Children
1591 Bruckner Blvd., Apt. 14A
Bronx, NY 10472
(212) 960-6612 or 960-6614

Program represented by: Edna M. Davis, David L. Goldstein.

SPONSORING/PARENT AGENCY: Bronx Field Office, Special Services for Children, New York City Human Resources Administration.

POPULATION SERVED: The Team serves the entire borough of the Bronx in situations where repeated reports of child maltreatment are received by the Central Registry. Cases of intrafamilial child sexual abuse have become a focus of the Team's work since the Fall of 1980.

FUNDING SOURCES: No direct funding. Staff costs are met from existing federal, state and local child welfare and protective services funding sources. Community agencies donate staff time for the Team pediatrician and nurse.

SUMMARY OF KEY FEATURES:

The Interdisciplinary Team became operational in July, 1978, in response to a dramatic increase in reports of suspected child maltreatment in New York City and the necessity for coordination among the various components of the protective services delivery network. A principal thrust of the Team from its inception has been to provide intensive administrative support and direction to protective services staff mandated to make critical decisions in serious case situations. The Team remains active with a case from the point it is selected until it is either closed or transferred from the office. The Team provides guidance in case assessment, planning, and coordination of services among the agencies working with the family. It helps to avoid costly duplication of effort.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) coordination of services, 2) reduction of costly duplication of efforts, 3) providing a resource for staff, 4) quality control mechanism, 5) means of assessing training needs, 6) vehicle for staff development, 7) more efficient and effective service delivery, 8) replication of Team model in all boroughs, and 9) improved working relationships with various community agencies and groups.

UNANSWERED QUESTIONS: One unanswered question raised by this project is whether growth and development on Team cases are carried over on non-team cases, and the resultant cost-effectiveness of this carry-over.

COUNCIL ON CHILDREN AT RISK

Council on Children at Risk
1630 5th Avenue, Suite 226
Moline, IL 61265
(309) 764-7017

Program represented by: Pamela S. Pippert, Roy A. Harley.

SPONSORING/PARENT AGENCY: Council on Children-at-Risk, Moline, IL

POPULATION SERVED: Abusive and neglectful families

FUNDING SOURCES: Formerly funded by the National Center on Child Abuse and Neglect (HHS). Currently funded by local United Way, with an auxiliary grant from State Title XX funds.

SUMMARY OF KEY FEATURES:

The Council on Children at-Risk's case coordinating service is a form of intervention at the casework level which provides a mechanism for linking the various service systems working with the family, e.g. law enforcement, social services, schools, medical, etc. This team setting provides a forum for discussing, deliberating and coordinating a total casework plan for families. This forum will provide a description of the case coordinating intervention, including service goals and objectives; the planning process used to implement the service within the protective service system; and the service evaluation design and their outcomes.

PROJECT EXPERIENCE:

Because abusive and neglectful families are often involved with numerous agencies/organizations and professionals, the coordination of client services is a vital activity in the area of child protective services. This effort has brought positive results in the community and is currently being funded for ongoing program efforts through the United Way and the state Title XX program.

One area where efforts need to be strengthened and/or re-evaluated is that of involving the affected family in the case coordinating effort. These efforts have not been as successful as the original project had hoped either due to the family's lack of willingness to participate or the team's lack of ability to involve the client family.

BELTRAMI COUNTY CHILD PROTECTION TEAM

Beltrami County Service Center
Box 688
Bemidji, MN 56601
(218) 751-4310

Program represented by: Lloyd W. Johnson, Dr. Bill Dicks, Tom Keyes, Ginny Wickstrom, Craig Bjerke, Robert Tell, Malva Weir, Don DeKrey, Bonnie Watkins, Carolyn Renaud, Jim Sharp, Ron Lucken, Greg Ramey.

SPONSORING/PARENT AGENCY: Beltrami County Service Center, Bemidji, MN.

POPULATION SERVED: Neglected and abused children within geographic boundaries of Beltrami County, MN.

FUNDING SOURCES: None (the services of team members are voluntary and/or funded by agencies represented on the team).

SUMMARY OF KEY FEATURES:

The 13-member rural child protection team are professional persons from any of the disciplines interested or involved in child protection services, including the police chief, a physician, a lawyer, etc. In this forum, we will present a "modeling" of an existing team and the opportunity to talk with specific members will be of benefit to those interested in starting a rural team as well as help to those who are needing to rejuvenate or strengthen their team.

The selection of team members was a gradual process which led to our first meeting on 9-12-77. We went through stages of getting acquainted, getting organized, defining our functions and implementing case reviews, public relations programs and both professional and general education activities.

PROJECT EXPERIENCE:

There is an unusually high level of trust and support that has developed among our team members. We can serve as a good example to others from rural areas indicating that teams can be formed and maintained in such a way that services are greatly enhanced, burnout is prevented, and the future looms brighter. We have been used as that kind of an example in Minnesota. We are an enthusiastic and optimistic team and will gladly share that.

NETWORKING IN PHILADELPHIA

SCAN (Supportive Child and Adult Network)
Nursing Education Building
University of Pennsylvania
420 Service Drive
Philadelphia, PA 19104
(215) 596-9538

Program represented by: H. Peter Wilson, Davey R. Comer-Hilpert, Philip S. Margolis, Lillian Lang.

SPONSORING/PARENT AGENCY: SCAN (Supportive Child and Adult Network) Philadelphia, PA

POPULATION SERVED: Residents of Philadelphia, Southeastern Pennsylvania, West Jersey and Delaware; and Health Care, Education, Welfare, Legal and Law Enforcement Agencies, Private Practitioners and Community Organizations.

FUNDING SOURCES: 1) State, county and federal sources, and 2) individual and agency memberships.

SUMMARY OF KEY FEATURES:

The Supportive Child and Adult Network (SCAN) of Philadelphia began in 1972 as a multidisciplinary team in the Department of Pediatrics of the Philadelphia General Hospital.

This expanded to the Suspected Child Abuse and Neglect (SCAN) Center which would not only strengthen the services and operations of the Hospital's multidisciplinary team, but which, by means of an interagency network, would also provide: 1) additional counseling service for families in need of protective services by means of outreach workers, and 2) multidisciplinary consultation and education in child abuse prevention, detection and management.

In June, 1977, the City of Philadelphia closed its hospital, and the directors of the SCAN Center formed a tax-exempt, not-for-profit corporation known as the Supportive Child and Adult Network. The Network currently consists of nine participating organizations coordinated by the SCAN Center. The Center is linked to these organizations by means of formal contracts and interagency committees.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) multidisciplinary and interagency case consultation teams, particularly where they have been sanctioned and encouraged by administrators, department heads, and supervisors; 2) regional interagency networks, 3) multidisciplinary and interagency team teaching; and 3) interlocking Boards of Directors.

PROBLEMS: The integration of consumer/neighborhood organizations with human service providers has not yet effected policies and procedures around child abuse and neglect as the project had hoped.

UNANSWERED QUESTIONS: 1) child vs parents' rights; 2) formality vs informality; 3) authority vs cooperative efforts in a community network.

COUNCIL FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

Council for the Prevention of Child Abuse and Neglect
111 S. Capitol, Suite 200
P.O. Box 20247
Lansing, MI 48901
(517) 484-8444

Program represented by: Sharon Shay, Sandra Murphy.

SPONSORING/PARENT AGENCY: Council for the Prevention of Child Abuse and Neglect.

POPULATION SERVED: Greater Lansing Community; Eaton, Ingham, and Clinton counties of Michigan.

FUNDING SOURCES: Multiple funding sources: 1) City of Lansing, 2) County of Ingham, 3) CETA (Lansing, Ingham County), 4) Michigan Department of Social Services, Lansing Community College, 5) NCCAN Sexual Abuse grant, 6) Junior League of Lansing, 7) Capital Area United Way, 8) Gannett Foundation, and 9) individual dues/donations/fees.

SUMMARY OF KEY FEATURES:

The council provides a coordinating mechanism for the following activities: 1) Acute Care Services - families are referred by Protective Services, receive comprehensive assessment, treatment and referral, and follow-up evaluation by Family Assessment Team. 2) Community Forum on High-Risk Families - the Forum provides community coordination and planning for intervention on behalf of vulnerable children and their families. 3) Intra-family Sexual Abuse Project - Project provides the goal of the project, comprehensive and consistent intervention on behalf of sexually abused children. 4) Treatment and Prevention - the Council's function is to coordinate information and facilitate services such as counseling, Parent Aides, Parent's Anonymous, Parenting Classes, and children's counseling. Prevention - the Family Growth Center is a drop-in child care center for children aged two weeks to six years, at no charge. 5) Community Education - library of printed and audio-visual materials on child abuse and neglect and related topics is available to Council members and the general public. A Speakers Bureau is available to provide on-going presentations and conferences/forums are planned annually.

PROJECT EXPERIENCE:

THINGS THAT WORKED: Improved services to families as a result of better communication, innovative programming, and peer support within the professional community.

PROBLEMS: The continuing thorn in our side has been funding. 1) Numerous contracts with government sources allowed expansion and development of innovative inter-agency programs. 2) In 1978, public funds began to dwindle. Private funding was sought and obtained but not enough to keep up with the losses. By 1980, the Council's organizational structure changed dramatically with more reliance on volunteers and student interns. 3) To date, coordinated services have been maintained and, as a result of the funding crises, the community is more involved in common goals.

FUTURE DIRECTION: Advocacy appears to be the next major area to be systematically addressed by the Council. 13

YORK COUNTY CHILD ABUSE AND NEGLECT COUNCIL

York County Child Abuse and Neglect Council
Mc. Life Centers
Limerick, ME 04048

Program represented by: Roberta Paul Wentworth, Marilyn Staples.

SPONSORING/PARENT AGENCY: York County Child Abuse and Neglect Council

POPULATION SERVED: Children and families at-risk in York County community.

FUNDING SOURCES: Title XX local seed money.

SUMMARY OF KEY FEATURES:

The Council provides the focal point for the community to exercise its responsibility through the development of a coordinated comprehensive services delivery system to children at-risk.

The key features of the council include community education; monitoring the effectiveness of program components; the coordination of services among agencies and multidisciplinary teams; prevention/peer support groups; and early diagnosis and screening of children at-risk.

PROJECT EXPERIENCE:

THINGS THAT WORKED: The council has been effective in enhancing the work of child protective services in carrying out their legal mandate. This has been done through coordination of support systems and education of the community to the work of the child protection system. One strategy which was key to the project's success was that of securing the involvement of key professionals and lay persons in the community at the on-set of the council.

UNANSWERED QUESTIONS: One issue yet to be resolved is the feasibility of having two councils, one rural and one urban, existing within a single region. This raises issues of dealing with problems unique to rural and urban communities and is yet unresolved. Ongoing funding issues, i.e., responsibilities of state and local communities, are also unresolved and need further study and discussion.

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CALIFORNIA CONSORTIUM OF CHILD ABUSE COUNCILS

Region IX Child Abuse and Neglect Resource Center
5151 State University Drive
Los Angeles, CA 90032
(213) 224-3283

Program represented by: Shelley Brazier, Kathleen Baxter-Stern.

SPONSORING/PARENT AGENCY: Private, non-profit organization, operating under a Board of Directors.

POPULATION SERVED: State of California.

FUNDING SOURCES: State Office of Child Abuse Prevention, Department of Social Services, Sacramento, California.

SUMMARY OF KEY FEATURES:

The Consortium is a network of over 45 local community coordinating councils. The composition of the local groups is diverse, ranging from funded, staffed multi-agency groups with potential to impact on policy and programs at the county level to totally volunteer groups of citizens who are organized around a particular program, e.g. prevention education, crisis lines, self-help groups, etc. Having been in existence for three years the Consortium has received a grant from the State Office of Child Abuse Prevention to develop a model for such a network. Priority areas for the coming year include active involvement and leadership regarding the new State Department of Social Services Redesign effort, developing and expanding local councils in rural and ethnic communities, and developing a series of mini-regional seminars throughout the state to handle particular target areas of interest, e.g. funding, public awareness, prevention programs, etc.

The Consortium is administered by a seven person Executive Committee consisting of four elected officers and three at-large members, appointed for geographic representation.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Developing and funding a subcommittee structure to operationalize certain consortium activities has been extremely successful. To date existent committees include legislative, council development, prevention and sexual abuse. 2) The Consortium has taken a stand in support of various reporting laws and legislative issues which has allowed it to serve as a communication link between vested interest groups.

UNANSWERED QUESTIONS: We are still analyzing the pros and cons of staffing a multiagency council from one of the county departments with issues of territoriality and staff loyalty being paramount.

STATEWIDE DEVELOPMENT OF RURAL CHILD PROTECTION TEAMS

Colorado State Department of Social Services
Division of Social Services
1575 Sherman, Room 404
(303) 866-5267

Program represented by: Joann Davies, Janet Motz.

SPONSORING/PARENT AGENCY: Colorado State Department of Social Services.

POPULATION SERVED: Rural Colorado Child Protection Teams and their communities.

FUNDING SOURCES: NCCAN State Grant.

SUMMARY OF KEY FEATURES:

The purpose of this project is to provide technical assistance to rural communities in strengthening services to child abuse and neglect families through developing and enhancing the delivery of child protective services. Specifically, child protective teams were developed in areas where none existed, and existing teams were strengthened in their functioning. Twenty-six rural communities were involved in this project and ten new child protection teams were created.

Various components of the team-building effort include developing community motivation, creating liaisons, handling control/power issues, and providing incentives for county participation.

Project staff found that, in some communities, there was minimal knowledge of child abuse and neglect and programs were non-existent. In these situations, staff had to do extensive groundwork prior to consideration of a team. They provided technical assistance to these communities in conceptualizing, organizing, and finally, on developing a team. On-going assistance was then provided to insure that team members had adequate training and to insure effective and efficient team functioning.

In communities where child protection teams already existed, staff provided technical assistance in handling problems such as poor case review, poor attendance, friction among members, etc.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) a key to the success of the project was the availability of project staff to travel to the local communities on a regular basis and be available as they were needed; 2) a factor which seemed important was the fact that project staff had rural backgrounds and were viewed as advocates with an understanding of rural programs; 3) the staff was effective in identifying methods of motivating communities, providing organizational skills and expertise and helping them to strengthen their level of effectiveness.

PROBLEMS: In communities where county departments of social service were weak and/or not receptive to the child protection team concept, staff found their efforts least effective.

IOWA STATE TRAINING TECHNICAL ASSISTANCE AND TRAINING TEAM, INC. (S.T.A.T.)

Iowa State Training Technical Assistance and Training Team, Inc., (S.T.A.T.)
2514 Adams
Des Moines, IA 50310
(515) 281-6327

Program represented by: Nora Ostbloom, Timothy J. Acton, Marti Anderson.

SPONSORING/PARENT AGENCY: Iowa State Training Technical Assistance and Training Team, Inc., (S.T.A.T.).

POPULATION SERVED: 19 rural and urban communities in the state of Iowa.

FUNDING SOURCES: U.S. Department of Health and Human Services through the Iowa Department of Social Services.

SUMMARY OF KEY FEATURES:

The Iowa STAT Team, Inc., is a statewide multidisciplinary organization which provides training and community organization consultation around child abuse and neglect throughout Iowa. Membership is drawn from many disciplines across the state and encompasses social work, criminal justice, law enforcement, child development, psychology, medical and lay support fields.

Since 1979, the STAT Team has administered the Discretionary Funds for Community Assistance Program in Iowa. These funds are dispersed as grants to Iowa communities with an interest in establishing Community Councils on Child Abuse and Neglect and multidisciplinary consultation teams for child abuse and neglect.

The STAT Team, to date, has granted funds to 19 Iowa communities representing both rural and urban areas. The funds have been used in a variety of ways based on local need and direction. In some communities the funds have been used to organize and establish a Child Abuse and Neglect Council; in others, community education programs were developed. In a number of communities, the funds were used to establish primary prevention programs, whereas others hired part-time council coordinators. Each community was assigned a liaison from the STAT Team to assist in their efforts. Accountability for each community flows through its liaison to the Executive Director and the Board of Directors of Iowa STAT Team, Inc.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) communities assess needs and set priorities at the local level with support and consultation from the STAT Team; 2) money is administered and controlled by the local community; 3) programs are cost-efficient i.e., they generate a high ration of person-hours to dollars; 4) STAT Team grant guidelines require broad multidisciplinary and lay volunteer base; 5) communities utilize a nominal community organization process to develop their community councils and set priorities for action.

PROBLEMS: The most difficult achievement has been establishing local funding to continue the programs when STAT Team funding is ended. Because of economic conditions the local councils have had little or no success in this effort. It is, however, our hope that the value of multidisciplinary involvement and the interest generated during the project will provide an impetus for continued prevention efforts in these communities.

NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

National Committee for Prevention of Child Abuse
332 S. Michigan Avenue, Suite 1250
Chicago, IL 60604
(312) 663-3520

Program represented by: Anne Cohn, Helen Donovan, John Staulcup.

SPONSORING/PARENT AGENCY: National Committee for Prevention of Child Abuse (NCPCA).

POPULATION SERVED: NCPCA is a national, non-profit organization serving students, educators, volunteers, parents, and professionals in the legal, medical, and social service fields.

FUNDING SOURCES: 1) individual memberships, 2) corporations, 3) foundations, and 4) federal grants.

SUMMARY OF KEY FEATURES:

NCPCA focuses all energies toward the prevention of child abuse. Its key features are 1) national media campaigns conducted annually to increase public awareness and education; 2) development of state chapters and their community coalitions to provide and advocate for services and legislative improvements on state and local levels; 3) publications about child abuse, child abuse prevention, and parenting for professionals, students, and lay persons; 4) evaluation and assessment of 11 community prevention programs funded by the U.S. Department of Health and Human Services; and 5) development and implementation of prevention projects.

PROJECT EXPERIENCE:

The structual design of the state chapter board, which is comprised of 1/3 professionals (social service, medical, health related), 1/3 business persons, and 1/3 lay and civic community persons, is a key component in addressing the primary prevention goals of the organization. Although the diversity of the backgrounds strengthens the state boards' capabilities of examining many levels of the problem of child abuse and neglect, it creates the additional problem of bringing people with widely divergent backgrounds together to deal with a single issue, i.e., prevention.

Another structural difficulty with the state board arises in states which have one or more urban centers within a largely rural state. The urban/rural differences are such that difficulties arise in attempting to design statewide approaches to prevention.

As funding becomes more and more scarce, it has become increasingly clear to NCPCA that prevention networks can only survive if their primary funding is provided at the local level.

MEDIA

This listing, with comments from the field, is the result of the shared expertise of the forum presenters. It is not a comprehensive listing, but is offered as a practical working tool for busy professionals and community leaders. Although we have listed purchase and rental price, where available, many of these resources are also available on a loan basis. For information on loan sources in your geographic area, consult 1) your Regional Child Abuse and Neglect Resource Center, or 2) Educational Film Locator at your local library.

NETWORKING FORUM

MEDIA

MULTIDISCIPLINARY TEAMS/COMMUNITY COUNCILS MEDIA

Case Planning and Referral of Child Abuse and Neglect (sound filmstrip). Available from National Audiovisual Center, General Services Administration, Washington, DC 20409. Purchase $12.50.

Case planning and management are looked at from both the parents' and the professional's point of view, using a case history to examine process, problems and solution. The filmstrip emphasizes an interdisciplinary approach.

Child Abuse: A Total Treatment Perspective (16 mm film). Available through ETV Center, Cornell University, Film Library, Ithaca, NY 14853. Rental $10; Purchase $225.

A video tape documentary depicting a meeting of a child abuse treatment team; designed to raise questions about the process of treating child abuse and to explore systems which may or may not be addressing the problem. The team consists of the protective service worker, the team coordinator, a public health nurse, a parent aide, and psychiatrist, and the parents. The parents' presence holds both the family and the professionals accountable for their participation in the treatment team and underscores the basic philosophy that the parents must be the center and focus of all treatment planning.

Merry-Go-Round (16 mm film; 15 minutes; color). Available from National Audiovisual Center, General Services Administration, Washington, DC 20409. Rental $35; Purchase $287.

Using 3 different family situations, the value of group counseling is emphasized to help family members faced with the problem of child abuse. The film stimulates audiences to join in a coordinated effort toward prevention and treatment. It is appropriate for a variety of professionals, including social workers, pediatricians, mental health workers, and educators. Winner of Golden Award, Virgin Island International Film Festival.

Why Don't We Do Something? (3/4" videocassette; 30 minutes; color). Available from the Region V Child Abuse and Neglect Resource Center, P.O. Box 786, Milwaukee, WI 53201. Rental $15; Purchase $60.

Subtitled, "Mounting a Multidisciplinary Attack on Child Abuse and Neglect," this videocassette deals with problems encountered in the formation of a community council. This is accomplished by means of lecture and role playing simulation of an interdisciplinary meeting.

"Seven step outline was very helpful....Role playing was the most profitable and beneficial part."
- Child Care Worker

"Good impetus for community professionals to re-evaluate selves."

- Information Specialist

"Slow moving and repetitive."

- Residential Treatment Center Worker

Working Together (16 mm film; 30 minutes; color). Available from National Audiovisual Center, General Services Administration, Washington, DC 20409. Rental $15; Purchase $160.50.

This documentary film presented an outline of a multi-agency, multi-disciplinary approach to child abuse and neglect. It features relevant cases in San Diego, CA; Salina, Kansas; and Montgomery County, Maryland. The film demonstrates techniques such as the employment of consultation teams, community coordinating, and professional and public education.

"Good initial exposure to networking and interagency coordination, but needs some updating...."

- Regional Resource Center Staff

"Interesting film....Valuable for training purposes, within limits...."

- Director of SCAN Team

SERVICE NETWORKING MEDIA

Chain to be Broken (16 mm film; 25 minutes; color). Available from FMS Productions, Inc., 1777 N. Vine Street, Los Angeles, CA 90028. Rental $75/Week; Purchase $375.

Starring Arte Johnson, this film looks at some individual and community solutions and alternatives to the child abuse problem. Professionals present an overview of the problem and give insight into active and passive forms of abuse. Parents Anonymous is highlighted, a crisis shelter working with troubled families is presented, and a Trauma Council suggests ways for communities to coordinate service delivery systems.

"Clear identification of need for community child abuse coalition....Good model....Attractively packaged...."

- Regional Resource Center Staff

"Well received by community groups."

- State Prevention Chapter Staff

"Excellent!....Stresses serious nature of child abuse while leaving viewer in upbeat mood....Good for all kinds of audiences...."

- Director of statewide training organization

Cry of Pain (16 mm film; 15 minutes; color). Available from Mass Media Ministries, 2116 N. Charles Street, Baltimore, MD 21218. Rental $25; Purchase $250.

This film presents an overview of child abuse and neglect and suggests affirmative action for caring communities. Film clearly depicts families in stress thru stories told by at-risk and abusive parents. Identifies generational component of abuse and neglect, and highlights need for services such as crisis nurseries, hot-lines, and temporary shelters and foster homes.

"Good overview....Sensitive presentation....Excellent for developing community awareness...."
- NCCAN Consultant

"Excellent content....Extensive visibility of black and minority at-risk families may suggest discretionary use in some rural communities...."
- Information Specialist

Don't Give Up on Me (16 mm film; 28 minutes; color). Available from MTI Teleprograms, 3710 Commercial Avenue, Northbrook, IL 60062. Rental $50/Week; Purchase $395.

The film's emphasis is on understanding and helping parents so overwhelmed by problems that they lash out at their youngsters. Also studied in the film are supportive services for families in trouble--day counselors and a psychiatrist in attendance.

"Excellent used as training film for community groups, substitute care workers and protective service workers."
- Clinical Supervisor

Together on Main Street (16 mm film; 14 minutes; color). Available from National Committee for Prevention of Child Abuse, 332 S. Michigan Avenue, Suite 1250, Chicago, IL 60604. Rental $25; Purchase $165.

Narrated by Bill Bixby, Together on Main Street tells the true stories of two parents who physically abused their children. Betty tells of her search for help, of not getting it, and what happened to her and her children. Bob, the real parent, tells his own story about his search for help, of getting it and what can happen if communities have adequate knowledge, services, and a sense of commitment. This is primarily a volunteer recruitment film.

"Somewhat dry because it is primarily comprised of solo shots of child abusers describing their situations....Useful though."
- Administrator

"Telling of these stories has audience impact, despite the fact that the production is staged, static and stilted....Loss of viewer credibility and involvement by the extremes of the stories selected."
- Midwest Parent-Child Review

SUPPORTIVE SERVICES FORUM
RESOURCE BOOKLET

by

Joan Riebel, Compiler
Maggie Melvin, Editor

FIFTH NATIONAL CONFERENCE ON CHILD ABUSE AND NEGLECT
Milwaukee, Wisconsin
Tuesday, April 7, 1981
9:00 a.m. - 12 noon
Hyatt, Regency CD

April, 1981

This publication was made possible by Grant No. 90-C-1590 from the National Center on Child Abuse and Neglect; Children's Bureau, Administration for Children, Youth and Families; Office of Human Development Services; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. Its contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the Federal government. Contribution of material is welcome.

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SUPPORTIVE SERVICES

OVERVIEW

Introduction: Supportive services include a variety of programs which provide emotional support and positive modeling to abusive and neglectful families. Crisis nurseries, self-help groups, foster grandparents, comprehensive emergency services, home-based services, parent aides and natural helping networks are some common examples of supportive services. These programs may be public or private in sponsorship; may use paid or volunteer staff, professionals or paraprofessionals to provide their services. The use of paraprofessionals in the child abuse and neglect delivery system is not new; nor are many of the positive and problematic issues which surface in the corporation of these programs into the delivery system. This essay is designed to facilitate dialogue in the review and assessment of programs represented in the supportive services forum.

Coordination: Many communities are experiencing difficulties in planning for supportive services programs. The full range of services to abusive and neglectful families involves a partnership of public and private sectors responding with a variety of programs through coordinated planning. It appears from looking at the past that supportive services programs are frequently developed, changed or discontinued in reaction to economic realities rather than as a response to a conscious assessment of community needs. Developing specific guidelines for the function of the program within the total service delivery system is essential if the program is to be effective. A tendency has been to allow the supportive service to be the only service rather than to incorporate the activities within a thoughtful, coordinated service plan for each family. The question of who is to be involved in the determination of the community's need for supportive services, in the development of those programs and in their utilization must be addressed.

1) Which local authority, such as the child protective agency, ought to guide or direct the development of supportive services in the community?

2) Is a central authority imperative for a coordinated service system?

3) Should these services supplant or augment the services of the child protection agency.

4) What kinds of supportive services are appropriate for which families? Who determines that, on a local level as well as on

a national level?

Roles: Difficulties in sorting through the roles of a supportive services program are almost inevitable.

1) Should supportive service workers testify in court?

2) In certain situations ought they petition the court?

3) What kinds of information are supportive services obligated to report to the child protection agency?

4) Within the provision of services is the question of competency. Who's role is it to determine the levels of competencies, the training necessary to develop those competencies, and the monitoring and evaluation of services?

5) What is the role of the child protection agency in situations where judges order family referral to a particular program, or families choose a particular program known to them or suggested by a concerned person?

6) Some supportive service programs have existed for many years and have provided lengthy services to families. Does the community support these services indefinitely?

Funding: In the current hostile economic environment, supportive services will be scrutinized more carefully. The less expensive, volunteer-staffed programs may be encouraged. The more expensive programs may become scarce. A dilemma which will continue to haunt the funders of these programs is how to allocate funds for costly resources.

1) Who can use the money most effectively?

2) Who needs which kinds of programs the most?

CONCLUSION: There are unnecessary overlaps in program planning, unused resources and unexplored program approaches. It is important for service and fiscal reasons to continue to work toward a coordinated, multidisciplinary, multi-agency approach which is accountable to the families, individual agencies and society.

PROGRAM DESCRIPTIONS

These programs are not presented as model programs. They may well be that, but their inclusion here is based on an attempt to represent the wide range of supportive service responses to at-risk and abusing/neglecting families. We hope that the sharing of their experience will plant seeds in other communities, provide technical assistance to other programs and begin to build a support network of professionals, paraprofessionals and volunteers engaged in similar programs. We hope that the program descriptions offered here will help to trigger dynamic points of interchange.

PEP (POSTPARTUM EDUCATION FOR PARENTS) WARMLINE

Postpartum Education for Parents
Centro Familiar
P.O. Box 74
Santa Barbara, CA 93102
(805) 963-6631

Program Represented by: Cecelia Alvarado Kuster

SPONSORING/PARENT AGENCY: Postpartum Education for Parents.

POPULATION SERVED: Primary: Parents of new born children in the Santa Barbara area.
Secondary: Phone service for parents throughout the country.

FUNDING SOURCES: 1) Original start up grant from AAUW; 2) Continuation funding from publication sales, fundraisers and private donations.

SUMMARY OF KEY FEATURES:

Services include: 1) 24-hour phone service which is staffed by volunteers; 2) Volunteer staff; 3) Childbirth class presentations and discussion groups for parents; 4) "Baby Basic" class for practical information about everyday care of infants; 5) Babysitting co-op; 6) Speakers bureau.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) The phone service is the backbone of this very successful organization. Phone services are offered to whomever calls. 2) Supportive services and classes offered to the primary population have worked well.

PROBLEMS: 1) A grief support program for miscarriage and infant death situations was planned, but because of lack of volunteer time had to be referred to another organization. 2) Bilingual services for Spanish speaking families have been made with limited success.

FACT (FAMILIES AND CHILDREN IN TROUBLE) HOTLINE

Family Stress Services of the District of Columbia
1690 36th Street, N.W.
Washington, D.C. 20007
(202) 965-1900 (Office)
(202) 628-FACT (Hotline)

Program represented by: Joan Cox Denszensky, Christine A. Moran.

SPONSORING/PARENT AGENCY: Family Stress Services of the District of Columbia.

POPULATION SERVED: Families, individuals, helping agencies throughout the greater Washington, DC area. Parents Anonymous component serves the metropolitan area. We also receive and respond to calls from throughout the United States.

FUNDING SOURCES: PRIMARY: cost-reimbursement contract with Department of Human Services, Division of Child Protective Services, DC government. IN-KIND: space/consultation/etc. from DHS, Mental Health Administration, DC. SECONDARY: donations, private foundation grants.

SUMMARY OF KEY FEATURES:

1) Twenty-four hour comprehensive crisis intervention via telephone. 2) Counseling/information and referral helpline - emphasis on primary/secondary prevention of child abuse/neglect, family stress; also assist and refer for other related calls such as domestic violence, runaways, suicide, rape. 3) Referral and resource component - to all types of family supportive services in DC. 4) Community Awareness/public education - hotline, media, mailings, speakers/films. 5) Extensive Volunteer/Staff Training - 60 hour training program - workshops, discussion, role-playing, films. 6) Parents Anonymous area crisis/information/referral line. 7) Advocacy - follow through on caller's problems, intervention with other agencies, testimony before legislative bodies, networking with public/private agencies.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) In nearly five years of operation we've learned that our current set up, privately incorporated agency/program with funding and in-kind support from local government allows us to operate at greater cost-effectiveness without most bureaucratic red-tape, enhances community credibility, facilitates case and class advocacy, and even reporting of child abuse and neglect cases. 2) We've learned what works for volunteer recruitment, what types of volunteers perform best for our purposes, the extensive needs of volunteers for supervision, support and training. 3) We've learned why some Parents Anonymous chapter hotlines do not work well and the importance of a multi-purpose hotline capable of responding to a myriad of different crises.

TEL-TAPE: A DESIGN FOR SELF HELP COMMUNICATION

Regional Institute for Social Welfare Research
P.O. Box 152
Athens, GA 30601
(404) 542-7614

Program represented by: Daniel G. Boserup.

SPONSORING/PARENT AGENCY: Regional Institute for Social Welfare Research.

POPULATION SERVED:
PRIMARY:
1) Eight states of the U.S. Department of Health and Human Services - Region IV; 2) Human Service Organizations; 3) Schools; 4) Courts; 5) Law enforcement, 6) Volunteer Organizations.
SECONDARY:
1) National consultation with these same kinds of organizations

FUNDING SOURCES: National Center on Child Abuse and Neglect.

SUMMARY OF KEY FEATURES:

1) Program design for a phone self-help service which includes a manual, video and audio tapes.

2) Three system options including telephone, recordings and play-back apparatus.

3) Cost effective and simple.

PROJECT EXPERIENCE:

THINGS THAT WORKED: Demonstration projects have led to numerous replications throughout the country. The phone service itself is easily replicated and very effective.

UNANSWERED QUESTIONS: With the volume of cases that this service produces are organizations which adopt this service prepared to respond with outreach services?

CENTER FOR LATINO CHILD DEVELOPMENT & FAMILY STUDIES/EL HOGAR DEL NINO

Center for Latino Child Development & Family Studies
El Hogar del Nino
1802 S. Racine
Chicago, IL 60608
(312) 666-3004

Program Represented by: Bernadine J. Duran, Luz M. Martinez, Patricia E. Lara.

SPONSORING/PARENT AGENCY: Center for Latino Child Development and Family Studies/ El Hogar del Nino.

POPULATION SERVED: Children and families in the Pilsen area, a Mexican-American community in Chicago's near south side.

FUNDING SOURCES: 1) Title XX, 2) United Way, and 3) Foundations.

SUMMARY OF KEY FEATURES:

1) Bilingual day care services with a Montessori focus are provided for preschool children and afterschool children to age 13.

2) Screening of children insures identification of abuse and neglect. Identified problems include language delays, pathological speech development, delays in gross motor and cognitive development and disturbances in social emotional functioning.

3) Educational and therapeutic services for the children which addresses the problems identified in screening through group or individual therapy.

4) Parent groups, which are essentially support groups, are offered during the day care sessions. They reduce social isolation of the parents and allow the children to remain with their parents.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Combining day care services with comprehensive treatment services has worked out well. The fact that children attend the programs on a daily basis enables us to monitor abuse and/or neglect cases regularly. 2) It has worked well to have children participate in treatment programs as a part of their daily routine. 3) Helping Hispanic families integrate into the social fabric of the community has worked well. 4) The program has also been able to gather data on the population of children in the community.

THE FAMILY LINK, INC.

The Family Link, Inc.
5836 S. Ashland Avenue
Chicago, IL 60620
(312) 881-3902 or 3935

Program represented by: Etta Davis McGregor, Mary Slay Michaels.

SPONSORING/PARENT AGENCY: The Family Link, Inc.

POPULATION SERVED: Families referred from State of Illinois as alleged abusive and/or neglectful.

FUNDING SOURCES: State of Illinois.

SUMMARY OF KEY FEATURES:

Family Link offers four program components:

1) In-home counseling (provision of fifty-two hours of in-home treatment per family to twenty families on a six month basis.

2) Lay therapists.

3) Parent education groups.

4) Community education seminars.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Fact that the volunteers are lay and not professionals. 2) Amount of time the lay therapist can spend with a family makes a significant difference. 3) 80% of abused/neglected children remain with their families, without need of placement.

PROBLEMS: 1) Initially recruitment of volunteers was problematic; volunteer incentives have helped. 2) Demands of staff time in development of good volunteer training.

FAMILY TRAINING AND OUTREACH PROGRAM

Dunkirk Day Care Center
Family Training and Outreach Program
14 Eagle Street
Dunkirk, NY 14043
(716) 672-2212

Program Represented by: Mary Louise Echevarria, Robert H. Ellis

SPONSORING/PARENT AGENCY: Dunkirk Day Care Center, Dunkirk, NY

POPULATION SERVED: Abusing parents and foster parents with high risk children in Chautauqua County.

FUNDING SOURCES: New York State Division for Youth

SUMMARY OF KEY FEATURES:

1. Parent training in specific competency areas: interpersonal problem-solving, stress management, discipline, interpersonal communication.

2. Outreach parent-aide component which supports the development of the skills within the home environment.

PROJECT EXPERIENCE:

THINGS THAT WORKED:

1. This program has been effective in decreasing the child abuse potential within three months. Parents feel more comfortable interacting with and giving direction to their children.

2. The program has also discovered that is is important for the parents and children to develop their interactional skills at home prior to expecting them to begin interacting outside the home environment.

PARENT AIDE PROGRAM

ALLIANCE, Division of Catholic Charities
1654 W. Onondaga Street
Syracuse, NY 13204
(315) 424-1880

Program Represented by: John Devaney

SPONSORING/PARENT AGENCY: ALLIANCE, Division of Catholic Charities.

POPULATION SERVED: At risk and abusive families in Onondaga County.

FUNDING SOURCES: 1) Title XX; 2) United Way; and 3) Catholic Charities.

SUMMARY OF KEY FEATURES:

1) 40 full-time, paid parent aides each of whom sees about five families per week in four hour time blocks. Phone consultation available 24 hours a day.

2) Extensive supervision of parent aides with a staff ratio of five to one and supervisory phone access 24 hours a day.

3) Intensive, professional training, initial and ongoing, which consists of didactic presentations of relevant topics and small group exchange.

4) Eight year track record.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Extensive interviewing and screening practices; 2) Initial training program which is intensive and professional; 3) Frequent ongoing training and parent aide exchange; and 4) Frequent one-to-one supervision.

PARENT AIDE PROGRAM

South Central Community Mental Health Center
640 S. Rogers
Bloomington, IN 47401
(812) 339-1691

Program Represented by: Anthony J. Siracusa, Walter A. Keller

SPONSORING/PARENT AGENCY: South Central Community Mental Health Center
Bloomington, Indiana

POPULATION SERVED: Abusing and neglectful parents in the service area who are referred by the Public Welfare Department, Community Mental Health Center or the Public Health Nurses Association.

FUNDING SOURCES:

1. No budget.
2. In-kind contributions of supervision, meeting facilities and supplies from parent agency.

SUMMARY OF KEY FEATURES:

1. Volunteer parent-aides who provide one-to-one services to families.
2. Family, in-home, services which are a) supportive friendship with nurturance and practical advice, b) a bridge between parent and community to break isolation and c) role model for parenting skills.
3. Volunteer training and supervision including pre-service and inservice training and weekly peer supervision.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Cooperation of interested community agencies, 2) peer supervision which has helped build a cohesive, supportive group of volunteers, 3) channelling all agency contacts with the parent-aides through the program supervisor and 4) an advisory committee who help the program supervisor in decision making.

PROBLEMS: Responsibility for the entire program resting on one person. The creation of an advisory committee remedied this problem.

UNANSWERED QUESTIONS: 1) How to incorporate male parent aides and 2) how to better evaluate parent-aide effectiveness.

HOMECALL OF ROCHESTER, INC.

HomeCall of Rochester, Inc.
100 White Spruce Blvd.
Rochester, NY 14623
(716) 424-7110

Program Represented by: Louise Woerner, Philip Brockmeyre, Ann Baker, Marilyn Zane, Lee Van den Bos

SPONSORING/PARENT AGENCY: HomeCall of Rochester, Inc.

POPULATION SERVED: Families served by Child Protection in Monroe County.

FUNDING SOURCES: Title XX.

SUMMARY OF KEY FEATURES:

1) Paraprofessional homemakers who teach parenting skills through role modeling, caring for children and preforming basic homemaking tasks.

2) Contractual arrangement with Monroe County Department of Social Services who refer families to HomeCall as a part of their case management and service plan.

3) Supervision and training of homemakers by HomeCall professional staff.

4) Record keeping and evaluations which may be subpoenaed to court.

PROJECT EXPERIENCE:

THINGS THAT WORKED: The limited experience of the project indicates that the use of homemakers is a viable alternative for child protection families.

PROBLEMS: Encouraging child protection workers to utilize this alternative program has met with limited success.

UNANSWERED QUESTIONS: 1) Which families should receive homemaker services? 2) What funding sources are available in addition to Title XX? 3) What is the cost effectiveness of homemaker services compared to other service alternatives?

PARENTS ANONYMOUS OF TEXAS
PARENTS ANONYMOUS OF DALLAS

4407 W. Lovers Lane
Dallas, TX 75209
(214) 353-0186

Program Represented by: Rosemarie Penserro, Bobbye Coe, Marcello Matamoros, Luanne S.

SPONSORING/PARENT AGENCY: Parents Anonymous of Texas and Parents Anonymous of Dallas

POPULATION SERVED:

FUNDING SOURCES: 1) Texas Department of Human Resources, and 2) Dallas County

SUMMARY OF KEY FEATURES:

1) Group Models, a)Basic PA group, b) PA group for black parents, c) PA children's group. 2) Recruitment and training of PA sponsors. 3) Production of the film "Roots and Wings".

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Successful recruitment of professional PA volunteer sponsors. 2) Successful training program for PA sponsors, using PA parents in the training experience.

PROBLEMS: Trauma of going from a volunteer, grass roots organization to a fully funded organization.

PEDIATRIC OUTREACH HOME VISITOR PROGRAM

Pediatric Outreach Home Visitor Program
St. Luke's-Roosevelt Hospital Center
114th Street and Amsterdam Avenue
New York, NY 10025
(212) 870-1841

Program represented by: Donna Johnson, Elizabeth Watkins, Frances Falk, Judith Robinson.

SPONSORING/PARENT AGENCY: St. Luke's-Roosevelt Hospital Center.

POPULATION SERVED: Mothers and children-at-risk for abuse and neglect. Urban, isolated, multi-problem families, referred to Program by hospital social workers who view the Home Visitors as a preventative intervention.

FUNDING SOURCES: 1) New York Community Trust, 2) New York Foundation, and 3) Robert Sterling Clark Foundation.

SUMMARY OF KEY FEATURES:

The underlying philosophy of the program is that Home Visitor's "mother the mother," so that she can better mother her own children.

STRUCTURE OF HOME VISITOR PROGRAM: 1) Volunteers (18) are undergraduate and graduate students: a) some receive course credit; b) nine month minimum commitment; c) signs Home Visitor contract, Program signs reciprocal agreement. 2) Intensive screening and interviewing precedes selection. 3) Each volunteer works with two families.

SUPERVISION: 1) Weekly group supervision and training is provided. 2) Individual supervision provided as needed.

ACTIVITIES: 1) Of the Home Visitor: a) make at least one visit per week; b) maintain phone contact; c) act as role model for improved parent/child interaction; d) advocate for their "mother" with community agencies and resources; and e) complete written checklist after each visit. 2) Of the Pediatric Nurse Practitioner: a) provide primary health care; and b) provide education.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) We have developed and refined in-depth protocols for screening and interviewing volunteer applicants. 2) We are gaining the respect of referral sources who see our Home Visitors as valuable auxilliary support-service. 3) We are clear on high-risk criteria for families offered the Home service. 4) We have a comprehensive, interesting training seminar.

UNANSWERED QUESTIONS: 1) What are the pro's and con's of volunteers vs paraprofessional (paid) parent aides/Home Visitors? 2) Is nine month involvement with family too brief? 3) How do we help families and Home Visitors effectively deal with transfer to new Home Visitors? 4) How can we become self-supporting and not dependent on grant-renewals? 5) What is best method of training/orientation?

PARENTS ANONYMOUS SPONSOR ASSISTANCE PROGRAM

Parents Anonymous of Washington State
Children's Home Society
Box 345
Auburn, WA 98002
(206) 883-6976

Program Represented by: Cathy L. Stanley

SPONSORING/PARENT AGENCY: Parents Anonymous of Washington State.

POPULATION SERVED: Sponsors of local Parents Anonymous groups in Washington state.

FUNDING SOURCES: 1) State Department of Social & Health Services, and 2) private sources.

SUMMARY OF KEY FEATURES:

The goal of this program is to increase the commitment of local Parents Anonymous sponsors and thereby decrease the rate of turnover. The program provides:

1. Individual consultation with local sponsors.
2. Training for sponsors, provided on a regular basis.
3. Support network for the sponsors developed in conjunction with the training and consultation.
4. One part-time staff who employs local visits, mail and phone to carry out the program objectives.

PROJECT EXPERIENCE:

This is a new program, begun in January, 1981.

SELF-HELP FOR HISPANICS

Family Life Development Center
Cornell University
111 Broadway, 17th Floor
New York, NY 10006
(212) 587-9737

Program Represented by: Elba Montalvo, Rosaleen Masur, Ana Leon

SPONSORING/PARENT AGENCY: Family Life Development Center, Cornell University, New York, NY.

POPULATION SERVED: Hispanic families in Region II.

FUNDING SOURCES: Region II Child Abuse and Neglect Resource Center.

SUMMARY OF KEY FEATURES:

The Family Life Development Center provides technical assistance to communities to build mutual aid and extended family support systems for Hispanic families. Some of the strategies developed include:

1) Use of agency-based support systems of schools, day care centers, hospitals, mental health and welfare centers.

2) Peer counseling.

3) Assertiveness and leadership training.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Successful topics for involving parents in group discussion; 2) Negotiating service delivery systems, such as welfare department.

MUTUAL AID AND SELF HELP GROUPS

New York City Human Resources Administration
Queens Special Service for Children
Groups and Family Services
165-15 Archer Avenue
Jamaica, NY 11432
(212) 990-5691
or 990-5878
or 990-5205

Program Represented by: Theatrice Gentry, Crosby Inman, Harold A. Burton.

SPONSORING/PARENT AGENCY: New York City Human Resources Administration
Queens Special Service for Children

POPULATION SERVED: Low to moderate income, inner-city families who are experiencing problems with parenting. (Many families are high risk - most who participate have had at least one allegation of child abuse/neglect made against them.)

FUNDING SOURCES: Public and private.

SUMMARY OF KEY FEATURES:

The program operates within the framework of a social club and is geared toward primary, secondary and tertiary prevention of child abuse and neglect. Pragmatically it consists of these four components:

1) Organizational - Social Club, election of officers, fund raising, speaking engagements.

2) Social Group - therapeutic social groups which are facilitated by social workers, trained parents and group coordinator. These counseling groups employ the Triad.

3) Educational - interested parents take a 120 hour peer counseling certificate program offered at the State University.

4) Recreational - cultural and educational activities are planned and operationalized by the parents and children in the program.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) It has been our experience that psycho-therapeutic oriented groups have been unsuccessful with our target population. The "social club" approach is less threatening and non-stigmatizing. It forces participation on the part of parents who experience parenting problems. 2) It fosters mutual aid and self-help as it breaks down the group members' exaggerated sense of privacy. Group members are expected to visit each other on an ongoing basis.

TIME OUT NURSERY

Central Union Church of Honolulu, and
Hawaii Family Stress Center
1319 Punahou
Honolulu, HI 96826
(808) 947-8511 ext. 634

Program Represented by: Barbara Maki, Noreen Frisch

SPONSORING/PARENT AGENCY: Central Union Church of Honolulu and Hawaii Family Stress Center.

POPULATION SERVED: Families at risk for child abuse or neglect who are being served by the Family Stress Center or a similar agency.

FUNDING SOURCES: In-kind support from parent agencies and volunteer staff.

SUMMARY OF KEY FEATURES:

The Time-Out Nursery at the Central Union Church in Honolulu is an example of how agency workers can combine efforts with capable volunteers to establish a nursery program which augments the Family Stress Center services. The nursery program provides:

1) Respite care nursery for children at risk.
2) Parenting services for the parents.
3) Transportation for the clients by the staff.
4) In-service training for the volunteer staff.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) The entire responsibility for the program was given to the volunteers. This strengthened the volunteer commitment. 2) Transportation provided by the staff proved to be essential. 3) Adding services to the parents increased the use of the nursery. 4) The neutral environment of the church provides a safe, nurturing setting for the nursery.

UNANSWERED QUESTIONS: 1) Is a nursery program the best way to provide respite care? 2) Does the low-key environment with volunteer staff substantially add to the positive results?

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FAMILY SUPPORT CENTER

Family Support Center
2020 Lake Street
Salt Lake City, UT 84105

Program Represented by: Ann H. Tyler

SPONSORING/PARENT AGENCY: Family Support Center.

POPULATION SERVED: Children, infancy to eight years, and their parents or primary caretakers, who reside in Salt Lake County (population 500,000). (Approximately 215 children per month and 86 families.)

FUNDING SOURCES: 1) United Way; 2) Salt Lake County Title XX; 3) Utah State General Fund, State of Utah, Division of Family Services; and 4) Private Donations.

SUMMARY OF KEY FEATURES:

The Family Support Center houses a crisis nursery, conducts parent support groups and serves as the liaison agency for interagency staffings on clients who maintain or have the potential of abusive or neglectful behavior. The Family Support Center is the only agency, other than the Division of Family Services, which deals exclusively with abuse and neglect. Referrals are voluntary or from other human service agencies. Services are provided without cost to client.

Some of the key contributions of the Family Support Center:

1) Dissemination of information on conceptualization and development of model crisis nursery.
2) Development of standards for crisis nursery licensure.
3) Provision of training in mental health centers, hospitals and schools.
4) Public awareness campaign.
5) Leadership in child advocacy movement.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Flexibility; 2) Parenting experience for staff and volunteers who work with children; 3) Structured volunteer program directed by paid volunteer coordinator; 4) collegially-made decisions; 5) interagency staffing on difficult clients, clearing house for children with referral to appropriate agencies.

PROBLEMS: 1) Too little relief for house parents; 2) Facility too small to house both clients and staff.

UNANSWERED QUESTIONS: 1) How much longer can we serve this large population with our present staff, budget and facility?

EMERGENCY/RESPITE DAY CARE PROJECT

Children's Home Society of California
205 East 3rd Ave., Suite #301
San Mateo, CA 94401
(415) 348-7776

Program Represented by: Sherrie Saliber

SPONSORING/PARENT AGENCY: Children's Home Society of California.

POPULATION SERVED: Children in San Mateo County who are certified for Family Protection Act services. (To be certified, the child must be at severe risk of abuse or neglect, and need services to avert placement.)

FUNDING SOURCES: California Family Protection Act which is a four-year demonstration project in San Mateo and Shasta Counties. The Project concludes June, 1981.

SUMMARY OF KEY FEATURES:

Overall project

1) Families receive services to avert placement - in-home family care workers, shelter care, counseling services, education and training, emergency and respite day care, atypical day care.
2) The Act has guidelines for court review of cases.
3) Substantial cost savings are being realized by keeping children out of foster care.

Specific contract

1) Use of contracting by Children's Home Society and County of San Mateo, Department of Health and Welfare to achieve a service that is valued by Children's Services staff.
2) The Project recruited, screened, and provides ongoing training and support to a network of providers county-wide. Providers see themselves as part of a team to offer services to the entire family. Children are offered a continuum of services in the same home, to meet changing needs of the family.

PROJECT EXPERIENCE:

1) The success of this project is based on the ability of the emergency care homes to meet the needs defined by Children's Service staff. Initially staff were slow to use the services. Use was facilitated by outreach to workers and their success with children placed in Emergency Day Care homes.
2) Homes provide three services: 1) Emergency day care for up to 18 hours a day for five days with a five-day extension if needed; 2) Respite care - 48 hour care; 3) Atypical hour care - evening, weekend or part-time care for children hard to place in regular day care homes. Initially, homes provided one or two of the services; that was confusing for workers and difficult to maintain consistency for children. Homes now have both day care and foster care licenses.
3) Day care is less threatening to parents than foster care. Parents have been able to develop close relationships, see role-modeling for parenting skills, and children's progress can be monitored.

WISCONSIN TRI COUNTY CRISIS SUPPORT SYSTEM

Red Caboose Day Care Center, Inc.
906 Williamson Street
Madison, WI 53703
(608) 256-0873

Program Represented by: Teresa Gil Bacchi, Justine Clemor, Susan Wrigley Yahr, W. Allen Everhart, Susan Shuster, Toni Dibofe, Fran Tropman.

SPONSORING/PARENT AGENCY: Red Caboose Day Care Center, Inc.

POPULATION SERVED: Families at risk for child abuse and neglect with children under age 14.

FUNDING SOURCES: 1) National Center on Child Abuse and Neglect; 2) City of Madison - Human Resources; 3) Title XX; 4) Private foundations; and 5) Client fees.

SUMMARY OF KEY FEATURES:

A program implementing three separate models of crisis child care with comparisons and evaluations of the different models.

1) Three models of crisis child care as established in the following different geographical locations: a) The Red Caboose Center, Madison, WI; b) Family Hospital, Milwaukee, WI; c) Coordinated Child Care, Racine, WI.

2) Project materials which include intake, case management materials, parent education training, and materials for children.

3) Evaluations of each model, statements from parents, staff and community agencies.

4) Visuals of each program setting.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) The actual child care operations worked well. 2) The evaluation and comparison materials are valuable.

PROBLEMS: 1) Working through the licensing rules. 2) Networking in the community and with the mandated agency. 3) Securing adequate funding for each model.

OLDER AMERICAN VOLUNTEER PROGRAM

ACTION
806 Connecticut Avenue, NW
Washington, DC 20525
(202) 254-7311

Program Represented by: Laurie R. Sand, Mrs. Alice Jones, Mrs. Lucille Boland

SPONSORING/PARENT AGENCY:

ACTION.

POPULATION SERVED:

This is a national program which currently serves 43,425 children, under age 21 who have exceptional or special needs through the services of 17,370 low-income persons over 60.

FUNDING SOURCES:

1) ACTION - 90%
2) Local resources (private, non-profit) - 10%

SUMMARY OF KEY FEATURES:

The dual purpose of the Foster Grandparent Program is to provide opportunities for low-income persons over 60 to give person-to-person services to children having exceptional or special needs.

1) Ten regional centers who allocate to states depending on need and application.
2) Local programming options which include a variety of ways the grandparents provide services, referral sources, networking and sponsorships.
3) Services provided are varied, but are in increments of 2 hours per day per child for which the grandparents are paid $2.00 per hour.
4) CAN services which have been utilized are one-to-one interaction with the children, respite care for the children, reinforcement of positive parenting roles, reduction of parental stress through support and advocacy, budget and nutrition counseling.

PROJECT EXPERIENCE:

THINGS THAT WORKED: This program has been very successful in the development of one-to-one relationships with grandparents that promotes positive human development and long term relationships with adults outside the family.

THINGS THAT HAVEN'T WORKED: What has not worked is to broad a visibility with child abuse and neglect agencies as is needed to promote the service.

UNANSWERED QUESTIONS: 1) How to develop accessibility to child abuse and neglect agencies. 2) How to provide adequate training and support for grandparents working with abused and neglected children and the child abuse and neglect professionals.

FOSTER GRANDPARENT PROGRAM

Senior Community Services, Inc.
Foster Grandparent Program
4502 Medical Drive
San Antonio, TX 78284
(512) 223-6361 Ext. 501

Program represented by: Bud Roland.

SPONSORING/PARENT AGENCY: Senior Community Services, Inc.

POPULATION SERVED: Abusing and neglecting Mexican-American families in San Antonio.

FUNDING SOURCES: Texas Department of Human Resources.

SUMMARY OF KEY FEATURES:

1) Utilization of the elderly in preventive/therapeutic programs designed to serve children-at-risk.

2) Track record: Foster Grandparent Program began in 1965 as the first foster grandparent project in the nation. In 1978 a special unit within the 100 member Foster Grandparent project was organized to work with abusing/neglectful families.

3) Foster Grandparents in the Special Unit are "abuelas," Mexican-American grandparents.

4) Foster Grandparents spend four hours a day, four days a week in the home.

5) Training is provided the University of Texas Health Science Center, the Mental Health Retardation Center, and the high risk clinic at the Robert B. Green Hospital.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) "Abuelas" are culturally positioned to strengthen the barrio neighborhood family. 2) Successful involvement of extended family.

PACT (PARENTS AND CHILDREN TOGETHER)

Wayne County Department of Social Services
Department of Family and Consumer Resources
Wayne State University
Room C-34 Knapp Building
71 E. Ferry
Detroit, MI 48202
(313) 577-3519

Program Represented by: Pat Morin, Marie Strang

SPONSORING/PARENT AGENCY: Department of Family & Consumer Resources, Wayne State University
Wayne County Department of Social Services, Detroit, MI

POPULATION SERVED: Families in Wayne County who abuse or neglect their children and are referred by Wayne County Department of Social Services

FUNDING SOURCES:

1. Wayne County Department of Social Services
2. Michigan Department of Social Services

SUMMARY OF KEY FEATURES:

PACT serves the entire family, and identifies and integrates utilization of social and service resources including extended family, material services, and a variety of specialized human services. These services include: 1) Home-based intensive services utilizing advanced and graduate University students who serve a year's traineeship in the Project. 2) Comprehensive services which include counseling, parent workshops, child care, surrogate siblings, home repairs, moving, emergency supplies. 3) Developmental orientation which allows for structural and procedural evolvement in response to emerging needs and which emphasizes client involvement and the development of self-reliance. 4) Comprehensive training and evaluation.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) The comprehensiveness of PACT's services assures a ready and relevant response to family needs. 2) The teamwork of all component services provides continuity despite the yearly turnover of counselor/trainees. 3) The holistic, developmental approach has worked well.

PROBLEMS: 1) The University base is sometimes a hindrance in terms of red tape. 2) Program evaluation of the content of service is a continually elusive issue. 3) Record keeping procedures have been difficult to establish. 4) The hard core families, including chronic substance abusers, the severely disturbed, some of the mentally retarded and character disorders, defy program efforts.

HOME AND COMMUNITY TREATMENT PROGRAM

Mendota Mental Health Institute
301 Troy Drive
Madison, WI 53704
(608) 244-2411 ext. 482

Program Represented by: Mary Ann Pahl

SPONSORING/PARENT AGENCY: Mendota Mental Health Institute, Madison, WI.

POPULATION SERVED:

PRIMARY: Families in Dane County with pre-adolescent children.

SECONDARY: State-wide consultation to social service organizations and schools.

FUNDING SOURCES: 1) General program revenue, 2) Mental Health program monies, and 3) Third party payments.

SUMMARY OF KEY FEATURES:

This program has a three pronged approach to families who are referred to the Dane County Mental Health system after traditional services have been tried.

1) Clinical treatment, within the agency and in the family home, to families experiencing difficulties. Component parts of this treatment are helping families network with schools and other programs and consulting with social service departments.

2) Parent education which includes six to eight workshops on child-rearing skills.

3) Public education through the distribution of 36 visual aids items, all of which discuss some aspect of child management.

PROJECT EXPERIENCE:

THINGS THAT WORKED: Many families have been able to understand the program and make changes in their interaction patterns.

UNANSWERED QUESTIONS: 1) What are the significant factors that make a difference in some families making more gains than others? 2) What influencing variables make some professionals more effective than others when using this approach?

PARENT TO PARENT MODEL PROGRAM

High/Scope Educational Research Foundation
600 N. River Street
Ypsilanti, MI 48176
(313) 485-2000 ext. 15

Program Represented by: Barbara B. Reschly, Linda Wood

SPONSORING/PARENT AGENCY: High/Scope Educational Research Foundation.

POPULATION SERVED: Families with children under five years who are experiencing difficulty.

FUNDING SOURCES: Van Leer Foundation.

SUMMARY OF KEY FEATURES:

This program uses community volunteers to provide in-home support to families: 1) Home-based support and prevention program; 2) Volunteer staff serve as weekly home visitors; 3) Community service network is developed or strengthened through this resource; 4) Supervision and training designs for paraprofessionals; 5) Evaluation system which assesses the impact of the services; 6) Activities which strengthen parent awareness and skills and aid children's development.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Successful use of volunteers to provide support to families; 2) Successful replication in other communities; 3) Useful screening procedures, in-service training and program evaluation models.

PROBLEMS: 1) Supervisor-home visitor conflicts; 2) Turf guarding; 3) disrepect of volunteers.

UNANSWERED QUESTIONS: 1) How to use the information gained to impact policy on prevention programs. 2) How to effectively screen for the supervisor-home visitor relationship.

PROJECT 12-WAYS

Rehabilitation Institute
Southern Illinois University
Carbondale, IL 62901
(618) 453-2434

Program Represented by: Dr. Roger E. Frame

SPONSORING/PARENT AGENCY: Rehabilitation Institute, Southern Illinois University.

POPULATION SERVED: Child abuse and neglect families in ten rural southern Illinois counties.

FUNDING SOURCES: 1) Title XX and 2) Illinois Department of Public Aid.

SUMMARY OF KEY FEATURES:

Project 12-Ways is an ecobehavioral program aimed at the treatment and prevention of child abuse and neglect through:

1) Home-based services utilizing graduate students and post-masters level counselors and supervisors.

2) Family treatment done in the clients' homes, with considerable community networking.

3) Comprehensive services which include parent-child training, marital counseling, stress reduction, social support, job placement, money management, alcohol counseling, assertiveness training, leisure time, self-control, home safety, health maintenance and nutrition and prevention.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) Research studies have shown program success in the areas of parent training, home safety, household chores and program administration. 2) 173 families were referred the first year. After referral to Project 12-Ways, only 2 families engaged in a substantiated incident of abuse and 11 families in a substantiated incident of neglect.

IN HOME FAMILY SUPPORT TREATMENT

Iowa Children's and Family Services
1101 Walnut Street
Des Moines, IA 50309
(515) 288-1981

Program Represented by: Douglas B. Stephens, Linda M. Ross

SPONSORING/PARENT AGENCY: Iowa Children's and Family Services.

POPULATION SERVED: Families from fourteen counties in central Iowa who are at risk for out-of-home placement of their children.

FUNDING SOURCES: 1) Title XX, 2) Crime Commission, and 3) Greater Des Moines United Way.

SUMMARY OF KEY FEATURES:

1) Outreach intervention in the family's home and community, four to ten hours per week, including family therapy, relationship counseling and parent education.

2) Advocacy services which include interfacing constructively with courts and other social service departments.

3) Intensive supervision, staff support and training.

PROJECT EXPERIENCE:

THINGS THAT WORKED: 1) This program has substantially reduced placement. 2) Intervention at the community system structure, as well as family structure, has been highly effective.

THINGS THAT HAVEN'T WORKED: Success has been precluded when the exact nature of the presenting problems have lacked clarity.

Mr. ERDAHL. Thank you very much. The publications that you mentioned and any inserts that you have for us will, of course, be included in the record.

I couldn't help but think, Ms. Haeuser, as you were making your comments, that as we think about the various institutions in society, the most important one obviously is not the Government, or the church, or the school; it is the home, the family, and yet we seem to take remarkably lackadaisical approach toward preparing people for parenting. Maybe that is changing.

One question that has come up—and, Dr. Thomas, you expressed yourself very forcefully on this—is the block-grant versus the categorical-grant approach that we are getting into. We have talked a lot in that area. I wonder if the ladies would care to comment on that approach.

I guess what I am asking is: Don't you think that in such areas the States and communities will pick up the challenge and fill the void if the Feds don't kick in the dough?

We can't see you shake your head for the record. I am leading you on and trying to get an answer for the record.

Ms. GRAHAM. No; I don't think the States will pick up, at least not to the degree that the programs have evolved as a result of the funding for the National Center.

I would say also that we have the networking in place, we have the resources in place, we have the pool of expertise in place, and we do think, in terms of the States within our region, that this could not possibly be done with the State block grant. The bottom line is that at least we can do something for everybody, as opposed to doing a little bit for a few people. We can provide the services and spread them over the areas of need.

Mr. ERDAHL. Ms. Haeuser?

Ms. HAEUSER. I don't think block grants to States will provide the needed attention to this problem, because unfortunately we have to face the fact that children are not visible, they don't vote, and everyone will be at the State trough to get moneys prioritized to their particular programs. I think that is one problem.

The second problem is that, for example, with conferences and meetings which generate and communicate information about this problem, we have had in our region, region V, State conferences on child abuse and neglect, but that is only because the Region V Child Abuse and Neglect Resource Center worked with the States to get those in place.

Mr. ERDAHL. Thank you very much.

This concludes the presentation of the witnesses we have listed for today. I want to thank you for coming and, from your vantage points and field of expertise, sharing these things with us.

I assure you that as we get into further deliberations on this subject and as we wrestle with where we can do the cutting and make spending cuts that seem to be thrust upon us, your testimony will be most helpful. Thank you very, and thank you for bearing with us in holding a little longer hearing.

The meeting stands adjourned.

[Whereupon, at 12:28 p.m., the subcommittee was adjourned.]

REAUTHORIZATION OF THE CHILD ABUSE PREVENTION AND TREATMENT AND ADOPTION REFORM ACT

THURSDAY, MARCH 12, 1981

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON SELECT EDUCATION,
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 9:11 a.m., in room 2261 of the Rayburn House Office Building, Hon. Austin J. Murphy, presiding.

Members present: Representatives Murphy, G. Miller, Perkins, and Erdahl.

Staff members present: Mike Corbett, staff director; Gary Caruso, legislative director; Roseann Tulley, administrative assistant; Judith Wagner, staff consultant; Clarence Norman, professional staff member; Cheryl Kinsey, professional staff member; Tanya Rahall, staff assistant; and Dorothy Strunk, minority senior legislative associate.

Mr. MURPHY. Good morning.

We will proceed and allow my colleagues to catch up. They will have to do some speed-reading when they come to catch up.

I am Austin Murphy, of Pennsylvania, chairman of the committee.

STATEMENTS OF POLLY MACPHERSON, CONNECTICUT COORDINATOR, NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES; AND FRANCINE J. VECCHIOLLA, PROJECT DIRECTOR, STATE FORMULA GRANT, CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES, DIVISION OF CHILDREN AND PROTECTIVE SERVICES

Mr. MURPHY. The first witnesses are a panel, Mrs. Polly MacPherson and Ms. Francine Vecchiolla.

May we have the first panel? I hope you don't mind talking to the staff and myself until we raise another member or two.

Good morning.

You have prepared statements and they will, of course, be made a part of the record in toto and you may summarize them.

And then, we will spend the time cross-examining you. Or, you may read a prepared statement, if you have it.

STATEMENT OF POLLY MACPHERSON, CONNECTICUT COORDINATOR, NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES, CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES, DIVISION OF CHILDREN AND PROTECTIVE SERVICES

Mrs. MACPHERSON. I would prefer to excerpt from the prepared testimony that I have written what I consider to be the most important parts.

This is a first time testifying for me and I must admit that it is reassuring to see one person to talk to for a minute.

We appreciate the opportunity to be here this morning. I think the basic question we are all addressing in these hearings is really a very simple one. Why spend money on kids?

I was explaining to my children that I would be going to Washington to talk to some Congressmen about how they should spend tax money. And so, I asked them why do you think Congress should spend money on kids?

My 6-year-old daughter, Bonnie, answered the question without hesitation at all. She said, because they are human beings.

These human beings especially are abused, neglected, and exploited children and they need all of the important, significant people in their lives to listen and focus on them right now.

They are asking us, the parents, professionals, and legislators, to continue to be their good friends and advocate for them and continue an effort begun in 1974 with the passage of the Child Abuse Prevention and Treatment Act.

This act, Public Law 93-247, has been a ray of sunshine focused on these children's lives. It alone has provided the only nationwide Federal Government focus on their plight.

We believe that a continued national focus on child abuse from the Federal Government, such as this law, is essential because out in the towns and the States and out in the cities, we know that this is the only way to be sure that these children's voices will continue to be heard wherever they are.

I would like to demonstrate this to you by telling you a little bit about what has been accomplished in the last 7 years as the result of this legislation.

This is partly, I think, well demonstrated by looking at how much we have learned as a result of its passage in 1974.

For example, how much information has been collected and shared both with the general public and within the professional community?

Incidence studies which have been conducted in the States and also nationwide have given us a beginning idea of the extent of the problem of child abuse and neglect. According to Linda Radigan, the New Hampshire coordinator, the studies show that what is being reported officially nationwide is still only the top of the iceberg.

The iceberg is going to continue to emerge and it is not going to stop or level off for some time.

This is probably a reflection of two facts, one being that the statutes requiring the reporting of child abuse and neglect are now in place in all 50 States.

When the law was passed in 1974, only five States had required reporting mechanisms.

The second fact that has brought this increased statistic to us is probably the heightened public awareness and widespread education about child abuse as a problem, and the fact that help is now available.

These two things have worked together to increase self-referral and early identification.

In my opinion, I can't emphasize enough how much these two facts demonstrate the critical need for the continuation of Federal leadership to the States and the communities.

If we have seen any outstanding accomplishment in this area in the last 7 years, it really has been in the area of increased public awareness.

We have opened the doors to parents in trouble, acknowledged their plight as a problem, and shown them that help is available. If now we have to turn off the hot-line telephones and cancel the support-group meetings for lack of a coordinator, it seems in all likelihood, we will only be adding to the frustration and stress that led these parents into difficulty in the first place.

This will then boil over and probably result in even greater injuries and higher incidents, not less.

I think, also, reauthorization of the law is important because of the things that we have been able to share as a result of it in the last 7 years.

The user manuals which are widely available now, for example, are being requested by a wide range of professional and lay people, nurses, teachers, policemen, clergy, populations that we didn't think 7 years ago would be aware and as interested as they have been.

We have brought with us some examples of the many products produced and distributed in our region as a result of these funds.

That stack of material I will leave for the committee. Also included as part of our testimony is the first edition of the newsletter, Connecticut's Children, which was funded by the law through the State formula grant program and distributed to over 1,500 people across our State.

All of this public information and sharing of materials and programs has really been accomplished with very little dollars.

In 7 years, of the $197.5 million authorized, actually only $140.7 has been appropriated for the period.

The small grants that have been made possible through Public Law 93-247 for demonstration and for service improvement and the State formula grant component are particularly important parts of this legislation.

It seems to me they have had an effect infrequently found among Federal grant programs, grant-in-aid programs, and that is that these moneys have tended to operate as a leverage or a catalyst to free up other moneys, private, corporate moneys, foundation moneys, that otherwise would not have been available.

The other thing that has happened is they have operated against the all-too-familiar combined effects of inaction and inflation to represent often the final piece of funding needed to get a little program off the drawing board and into operation.

A good example of this is the Children's Crisis Center at Mary Hitchcock Hospital, Dartmouth Medical School, Hanover, New Hampshire, which serves Vermont and New Hampshire.

Francine will be telling you about Connecticut.

Also, in terms of the physical location process, I think it is important to note that the focus provided by the Federal Government in Public Law 93-247 and the discretionary funding capacity of this law has assured that the decisions for financial support have been made on a programatic basis, community-specific, and not on a political basis.

It is this decisionmaking basis that's particularly important for children's services and children's social services.

Another of the most valuable parts of the law has been the positive working relationships and partnerships, the network that has been generated as a result of it.

One dimension of this, as an example, is the regional resource centers. The regional resource center in New England is a particularly good example.

It is—our region is unique in that New England utilizes coordinators funded jointly. This enables a direct impact upon policy and procedure, and maximizes opportunities for the replication of programs.

I have asked each of the coordinators in the other States to submit as part of this testimony a short description of the kinds of activities and opportunities that have been made possible in their States.

I was particularly going to highlight Vermont because Representative Jeffords is from Vermont.

Claudia Jacobs includes in her testimony, a long list of the kinds of things that have been made possible: materials, films, funds for the State agency to interest public and private agencies in sponsoring programs.

That's particularly important, to get public and private agencies to develop materials and to learn about and use existing resources.

The law enabled Vermont to put in place a piece of legislation to clarify the present abuse statute. It enabled the State to develop 11 multidisciplinary child protection teams.

They have a newsletter. They have a manual about resources that are available, a great number of things that, particularly in the opinion of the coordinator, would not have been possible without the law.

Steven Lorch, who is the director of the New England Resource Center for Protective Services, and acts as a coordinator for Massachusetts, offers some specifically important information or opinions about the role of the States and the importance of the Federal Government to the States in this area.

He says:

> Turning to Massachusetts, I would like to use our work there as an example of our ability to help stabilize the delivery of services to abused children and their families in the face of constrained administrative and organizational upheavals within the public agencies charged with their protection.
>
> During the 6 years of our existence, we have worked with at least four administrative heads of protective services and four welfare commissioners in Massachusetts, hardly a stable administrative environment, but, unfortunately, representative of many States.

However, in spite of that, they have designed and implemented a child abuse and neglect hot line, recruited and trained over 100 new workers, clarified the relationship between the child welfare system and the juvenile justice system, prepared a legal manual, put in place an automated child-tracking system.

Steve goes on to say:

All of these activities could, and perhaps should, have been performed by the public agency alone.

However, its ability to cope with major new initiatives in the face of overwhelming operational realities is severely limited. Especially in light of the periodic bureaucratic upheavals that ever more frequently rock social service agencies, regional organizations like ours are in a unique position to supply the support, guidance, and continuity needed to insure that families and their children in need of protection are adequately cared for.

I would like to share with you, in closing, some thoughts of the positive, long-range impact that I believe will be a result of the sustained focus on child abuse treatment and prevention, which we are asking you to be sure to provide through Public Law 93-247.

Ellen Galinsky, a professor at Bank Street College of Education in New York City and author of the recently published book, "Between the Generations, the Six Stages of Parenthood," believes child abuse and neglect is really a family problem.

She states:

If we are truly concerned about the future health and very survival of families, we must reach out and help them with this silent, pervasive problem, and we must help them, not only with our concern and support, but with education.

It is important that these efforts be sustained by the Federal Government so that State and local programs may be able to continue their protection and prevention work with children and families.

This is the work which will interrupt the vicious, cyclical nature of child abuse and this is the work which affirms the possibility of making the permanent, vital difference in the generations of parents to come.

Thank you.

Mr. MURPHY. Thank you very much, Mrs. MacPherson.

[Prepared statement of Polly MacPherson follows.]

PREPARED STATEMENT OF POLLY MACPHERSON, M.S., CONNECTICUT COORDINATOR, NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES, CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES, DIVISION OF CHILDREN AND PROTECTIVE SERVICES

I offer the the basic question we are all addressing in these hearings is a deceptively simple one.

WHY SPEND MONEY ON KIDS

In preparing this testimony, I found many, many different answers, three of these I'd especially like to share with you. The answers perhaps can be found in the words of the late Hubert Humphrey who said "A moral test of government is how it treats those that are in the dawn of life, the children."

Another eloquent answer I recall is from Margaret Mead who said, "It takes a long time for a child to learn what is a mother, what is a father, . . . what is a family and what everyone must have and be and do. But, this learning, when it has taken hold is so very strong that we must make sure that young mothers, unexperienced mothers and inadequate mothers can learn well how to be effective parents to their children."

However, perhaps the best answer is the one that turned out to use the fewest words. I was explaining to my children that I would be going to Washington soon to talk to some congressmen about how they should spend tax money, so I asked them, why do you think Congress should spend money on kids? My 6 year old daughter, Bonnie answered the question immediately—"Because they're human beings!"

I recalled Bonnie's brief, but meaningful response as I carried home 11 sections of the New York Times and 87 pages of The Hartford Courant last Sunday and I

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thought about how these times are characterized by so many words and so many voices. The headlines, the stories, the editorial page and its cartoon, even Doonesbury and the advice columns tell us that these are:

Times of rapid fire, unpredictable change, change that leaves us all feeling never quite "caught up."

Times of stress—from inside and from without, stress for which we cannot identify the source or the solution.

Times of an information explosion that makes us not sure of what we ever knew before—or even sure of what we know now . . . for sure!

And all we read echos the fact that these are mostly times of too few resources and too many demands.

In the midst of all this, I've come to ask you to hear yet another voice . . . a voice not often heard by many when the fiscal pie is divided and the priorities are numbered. This voice cannot put its words into writing and reach you with telegrams and letters. This voice cannot yet even validate its opinion with the power of the vote. In fact, this voice speaks its clearest not with words at all, but with behaviors—and sometimes tears—unless it is too late. The voice I speak of today is the voice of our abused, neglected and exploited children.

These children need all of the important significant persons in their young lives to listen and to focus on them *now*. They are asking all of us, their parents, professionals and legislators to continue to be good friends and advocates—to continue an effort that was begun in 1974 with the passage of the Child Abuse Prevention and Treatment Act. This Act, Public Law 93-247, the reauthorization of which you are considering now, has been the ray of sunshine focused on these children's lives because it alone has provided the only nationwide, Federal Government focus on their terrible plight. It has helped to bring a long standing problem out of the darkness of too little action and too little information into the light of better understanding and more widespread response.

We believe a continued national focus on child abuse from the Federal Government, such as Public Law 93-247, is essential. Out in the towns and cities, we know it is the only way to be sure that these children's voices will continue to be heard wherever they are. This law has in seven years, helped states and communities begin to reach these special children,

To be sure that they can be protected;

To be sure that their families can be reached early and strengthened so that they can return home; and

Ultimately, perhaps most importantly, to be sure that the ways and means of prevention can be put into place throughout the nation.

I would like to demonstrate this activity to you by telling you about what has been accomplished in just seven years—what a good start we've been able to make—together—as a result of your past Federal endorsement of child abuse priorities. A look at the history of the child abuse prevention and treatment effort in the United States shows us that without a Federal Government focus to provide emphasis and leadership, progress, where it occurred at all was spotty, uncoordinated and not shared throughout the nation.

It took 64 years of continuous effort to generate federal attention specifically targeted to the area of child abuse. 64 years from Mary Ellen, the child in New York City protected under laws preventing cruelty to animals, to the inclusion of child protection as part and parcel of child welfare as defined by the Social Security Act of 1962. Even then it took another decade (1962-1974) to bring focused federal leadership and its resultant community stimulation to reality. And remember, that in 1974, when the Child Abuse Prevention Act was first passed and the spotlight was turned on, only 3 of the 50 states were able to meet the qualification standards set forth. And now, 1981, seven years later, after the federal presence emerged to guide us, all 50 states who meet the assurances qualify.

The need for reauthorization of Public Law 93-247 is also powerfully demonstrated by a look at how much we have learned as a result of its passage in 1974, how much information has been collected and shared both with the general public and within the professional community. For one example, the Incidence Study, the first undertaken nationwide, gave us only a beginning of the extent of the problem. According to Linda Radigan, New Hampshire Coordinator, "this study showed that what's being reported officially nationwide, is still only the top of the iceberg. The iceberg is going to continue to emerge—it is not going to stop or level off for some time." This is a reflection of two facts:

(1) Statutes requiring the reporting of child abuse and neglect are now in place in 50 states; and

(2) Heightened public awareness and wide spread education about child abuse as a problem and the fact that help is now available have worked to increase self-referral and early identification.

I cannot emphasize enough how these 2 facts demonstrate the critical need for the continuation of this federal leadership to states and communities as the struggle to respond to these requests for help and intervention. For if we have seen any outstanding accomplishment in the field in the last 7 years, it has been in the area of increased public awareness. We have opened the doors to parents in trouble, acknowledged their plight as a problem and shown them that help is available. If we now must turn off the hot line telephone and cancel support to group meetings like Parents Anonymous for lack of a part-time coordinator, in all likelihood we will be only adding to the frustration and stress that led these parents into difficulty in the first place. It will then boil over, result in even greater injuries and incidences, not less. This we have learned.

We should also look at what we've shared in the last 7 years. A key to greater public awareness, understanding and eventually greater public support for community programs has been the effectiveness of the materials produced and dessiminated because of funds from Public Law 93-247. The User Manuals which are widely available now, for example, are being requested by a range of professional and interested lay persons such as high school library personnel, teachers, nurses, police and clergy. We have brought with us examples of the many products produced and distributed in our region as a result of funds from Public Law 93-247. Also included is the first edition of the newsletter, Connecticut's Children, funded by the State Formula Grant and distributed to over 1,500 persons. All of this, we must point out, was accomplished with very little dollars. Of 197.5 million authorized, 140.7 million was actually appropriated in the seven year period.

In our experience, the small Grants made possible through Public Law 93-247 for demonstration and service improvement and the state formula grant component have had an effect infrequently found among federal grant programs: the monies have tended to operate as a leverage or catalyst to free up resources outside the public sector that would not have otherwise been available. These grants have operated against all the too familiar combined efforts of inaction and inflation—often representing the final piece of funding needed to get an innovative program idea "off the drawing board" and into operation. A good example of this is the Children's Crisis Center at Mary Hitchcock Hospital, Dartmouth Medical School, Hanover, New Hampshire.

In terms of fiscal allocation process, it is most significant to note that the federal focus provided by Public Law 93-247 and its discretionary funding capacity has in the past 7 years assured that decision for financial support would be made on a programmatic basis, community specific, not a political basis—a critical issue for children's services. Also, monies have been used for innovations in programs and to start up new programs, programs for which state funding would not have been available. One of the most valuable results of the Public Law 93-247 have been the positive working partnerships the network generated among the various governmental levels and community providers of the child abuse prevention and treatment programs. One dimension of this partnership is well demonstrated by the Regional Resource Centers and the activities and programs initiated through them. In New England, Region I, there is ample evidence of the positive results of this coordination effort. Our region is unique in that the New England Resource Center utilizes state based coordinators, funded jointly with each state and located in the public child welfare agency. This enables a direct impact upon policies and procedures, facilitiates interstate sharing and maximizes opportunities for replication of programs.

I have asked the other 5 state coordinators to share this opportunity to speak to you.

Pam Marschourer, Rhode Island Coordinator states:

"Rhode Island has benefitted from the provision of the Child Abuse and Neglect Prevention and Treatment Act in the following ways:

"1. The standards and definitions developed within Public Law 93-247 and within subsequent regulations and publications of the National Center served as a model for the Rhode Island Child Abuse and Neglect statute passed in 1976 and amended in 1979.

"2. The eligibility requirements for reception of funding under this legislation has facilitated the implementation of effective protective service practice. For example, the establishment of training programs for protective service staff and related professions in the community at large.

"3. Funding thru the State Formula Grant has enabled the State to supplement protective services being provided with state funding through the establishment of

demonstration projects such as a specialized treatment program for abuse children and their families and the development of specialized training programs for department staff.

"4. The activities of the Regional Resource Center have provided Rhode Island with regular opportunities for interstate sharing. Recently this interstate activity has begun to assist Rhode Island in its attempt to develop multidisciplinary teams and local service networks. Rhode Island has also benefitted from the program and clinical consultations provided by the Resource Center, particularly in the areas of grant writing, staff training and public awareness."

Sandy Hodge, from Maine commented that, "Maine has three primary reasons to support the continuation of the Child Abuse and Neglect Prevention Act. They are improvements in: identification, reporting and treatment of child abuse and neglect that has come about through the use of the State Grant in combination with the Coordinator from the New England Resource Center for Protective Services. The amount of money received is small, ranging from 40–60 thousand dollars a year, but that money has been able to be a catalyst for the formation of Parents Anonymous chapters in Maine, and the state office revised child welfare statutes, 24-hour child protection response, formation of ten community councils and twelve multidisciplinary teams and public awareness activities.

"Parents Anonymous, the councils and the teams make use of volunteers, so costs for these programs are minimal.

"The Coordinator for the Resource Center assisted in the training of mandated reporters, planning and delivering training for child welfare staff, and formation of the councils and teams.

"The small amount of discretionary money available through the Grant in combination with the State Coordinator, has resulted in improvement of the State's abilities to respond to families and children without adding to the already overburdened state protection system, and at no additional cost to the State."

Claudia Jacobs, believes that the National Center on Child Abuse and Neglect has played an important leadership role in Vermont Child Protection Services.

"Without the presence of this federal agency we would probably not have the following:

"1. Materials to distribute on the topic to professionals, students and interested members of the public.

"2. Films and other resources on the topic through the Regional Resource Center.

"3. Funds for the state mandated agency to interest public and private agencies to sponsor programs, develop materials and use existing resources in a manner to prevent entry abuse and neglect. Helpful materials relevant to parents, attorneys and social workers have been developed from the state Block Grant Program. Twenty program have been funded in the past two years, each $3,000 or under, which have added new resources in the State.

"4. A piece of legislation to improve and clarify the present abuse statute.

"5. Eleven multidisciplinary child protection teams.

"6. Stat newsletter for professionals about child protection.

"7. Yearly training conference for people who work in the child protection field.

"8. Various training events to improve multidisciplinary cooperation as well as the skills of those persons who must investigate entry abusive and neglectful families.

"9. Service improvement projects funded thru catagorical grant programs.

"10. Growing awareness in training projects on child sexual abuse treatment.

"11. Public information activities.

"This kind of leadership is especially important to a state like Vermont due to lack of resources to highlight this critical topic."

Linda Radigan, Coordination, New Hampshire states:

"New Hampshire revised its Child Protection Act in 1975. The emerging problem of child maltreatment has been far more prevalent and harder to treat than was ever envisioned. Our professional capacities and the resources to deal with this problem are still in the infancy stages of development. We have not yet found a way for large scale prevention and we have only just begun to identify more effective ways to protect children and strengthen families. We would not consider the abandonment of cancer research and treatment because the cure has not yet been discovered. Child abuse kills too many children as well. The National Center has only had 7 years so far to focus on this particular social cancer. These 7 years have marked a significant beginning. They should not mark the end."

And Steven Lorch, Director of the New England Resource Center for Protective Services at the Judge Baker Clinic in Boston, describes the Massachusetts experience as indication of that in many states. He says, "Turning to Massachusetts, I would like to use our work there as an example of our ability to help stablize the

delivery of services to abused children and their families in the face of constrained administrative and organizational upheavals within the public agencies charged with their protection. During the 6 years of our existence we have worked with at least 4 administrative heads of protective services and 4 welfare commissioners in Massachusetts, hardly a stable administrative environmental, but unfortunately representative of many states. In this time period crises have arisen as a result of the deaths of children, budgetary constraints, intensive community advocacy efforts, etc., which have forced major departmental reorganizations—culminating in a new agency of social services. To help stabilize the protective services program, we assumed major responsibilities for supplementing Massachusetts' ability to support their protective services workers and upgrade their delivery systems. In conjunction with state agency personnel, we have designed and implemented a child abuse and neglect hot line; recruited and trained over one hundred new protective service workers and superviors; clarified the relationships between the child welfare system and the juvenile justice system, including the production of a legal manual; produced a prototype automated child tracking system, to name a few of our projects. All of these activities could and perhaps should have been performed by the public agency alone, however its ability to cope with major new initiatives in the face of overwhelming operational realities is severely limited. Especially in light of the periodic bureaucratic upheavals that evermore frequently rock social service agencies, Regional organizations like ours are in a unique position to supply the support, guidance and continuity needed to insure that families and their children in need of protection are adequately cared for."

Francine Vecchiolla will tell you about Connecticut's efforts in some detail because Connecticut is an outstanding example of the State Formula Grants component of Public Law 96-247.

In closing, I wish to share with you, some thoughts on the positive long range impact of the sustained focus upon child abuse treatment and prevention which we are asking you to provide thru Public Law 93-247. Ellen Galinsky, professor at Bank Street College of Education in New York City and author of the recently published book "Between the Generations, the Six Stages of Parenthood," believes that child abuse and neglect is really a family problem. She states "If we are truly concerned about the future health and very survival of families, we must reach out and help them with this silent, pervasive problem—we must help them not only with our concern, and support but with education. It is important that these efforts be sustained by the federal government so that state and local programs may be able to continue their protection and prevention work with children and families. This is the work which will interrupt the vicious, cyclical nature of child abuse and this is the work which affirms the possibility of making the permanent vital difference in the generations of parents to come."

Thank you.

Mr. MURPHY. Now, Ms. Vecchiolla?

STATEMENT OF FRANCINE VECCHIOLLA, PROJECT DIRECTOR, STATE FORMULA GRANT, CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES, DIVISION OF CHILDREN AND PROTECTIVE SERVICES

Ms. VECCHIOLLA. Good morning, again. I would like to begin my system by sharing with you an overview of two cases that are typical of the kinds of services we were able to deliver in 1970.

Then, I would like to tell you something about what we were able to do today in Connecticut.

In 1970, Scott D., an 8-month old infant, was seriously injured for the third time. For the third time, Scott D. was admitted to the hospital. For the third time, Scott was to be attended to by well-meaning doctors, nurses, and social workers.

For the third time, Scott's handsome and successful parents would have an opportunity to be identified as abusive. Maybe this time, someone would recognize the special problems of these parents. Maybe this time, someone would hear the terror in Scott's cry.

But Scott would have to wait. This time, no one could hear. No one could see. The problem was disguised so well by the education and affluence of Scott's parents and the plausibility of their explanation.

After all, Scott's father had just been promoted to a prestigious position in a new city. Who would know this was the child's third admission?

Scott's terrified father knew he and his young wife needed help, but where could they go for help?

Maybe in this new city, his wife could adjust and make a new start. Two months later, Scott was readmitted to the hospital. It took another injury, the fourth he had suffered in 11 months of life, before the problem was accurately diagnosed for Scott D. in 1970.

In 1970, Jane T. was a typical 8-year old. In many ways, Jane had an average life. An only child, Jane lived with her mother and grandfather. Jane's parents were divorced when she was 6 and Jane missed her father. It was nice to come home from school to grandfather now that mommy had to work.

When Jane T. was 12, the disbelieving family physician diagnosed the presence of gonorrhea. Only after this diagnosis was made did anyone correctly interpret and accurately piece together the signals Jane had been sending.

It was so easy for her loving but busy mother to conclude that Jane's nervousness, loss of appetite, dropping grades, and social discomfort were characteristic of early adolescence.

The horrified physician and angry mother listened as the terrified child revealed her secret. Would they believe her? How could they believe her?

In our civilized society which has strong sanctions against interfamilial sexual relationships, things like this don't happen. There is no help and there can't be help for nonexistent problems.

And in 1970, child sexual abuse in the form of child molestation was recognized to some extent. But incest, incest was something even professionals rarely discussed.

Today, on March 12, 1981, I speak for human service professionals who want you to know that the protective services system is improving for the Scott D's. and Jane T's.

I must also tell you that inasmuch as the system is better able to identify and respond to child abuse, this Nation, whose hallmarks are opportunity and justice for all, must continue to listen to the voices of its children.

If you listen to the children, they will tell you that you must continue to preserve national focus on children. If you listen to children, they will tell you that a national focus on children is not synonymous with governmental interference in family life.

If you listen to the children, they will tell you that if they are abused, some of their lives may depend upon your decisions.

I am an eternal optimist, and I know you are listening. I know you will continue to respond. I know this is not because—I know this, not because I am an optimist, but because on two previous occasions, your actions and the resultant decisions of Congress have demonstrated this.

In 1974, the Child Abuse Prevention and Treatment Act was passed with an appropriation of $4.5 million and in 1977, the Child Abuse Prevention and Treatment Act was reauthored with an appropriation of $18.9.

In a time of fiscal austerity, you must be asking yourselves how much a small amount of money can result in any impact at all.

Of the $23 million Congress appropriated in 1981, $6.8 million was directed to 47 States through the State formula grant program. In 1981, Connecticut received $117,000.

Gentlemen, there isn't a better buy available anywhere for the shrinking U.S. dollar.

In Connecticut, your dollars have seeded programs like the following: for a nominal stipend of only $12,000 a year, a child protection coordinator has mobilized 28 towns around child abuse.

In addition to providing public and professional education, this coordinator started two multidisciplinary child protection teams to enhance treatment planning among community agencies for difficult child abuse cases.

This coordinator has also developed a lay therapy program using volunteers. In addition, this coordinator spearheaded the development of a naval submarine base child advocacy committee to improve services to Navy families.

Since Congress first qualified for the State program in 1975, a total number of 20 community-based multidisciplinary child protection teams serving 78 percent of the towns in Connecticut have been developed.

Of the 20, only 5 were seeded with this Federal child abuse money. The remaining 15 programs followed with nominal funding from other sources. Several programs started and continue to operate with a volunteer coordinator.

Team members, who include physicians, attorneys, nurses, school personnel, and social workers, voluntarily provide case consultation. During 1979–80, an average of $13,000 worth of professional services were volunteered by each team.

This means that over a 1-year period, $260,000 worth of professional services were volunteered by 20 Connecticut teams.

You may be familiar with the concept of the self-help groups. Parents Anonymous has achieved national prominence as a successful model for helping abusive parents. In 1976, there were 3 Parents Anonymous groups in Connecticut, and today, there are 37.

These groups each have a professional who volunteers to work with the families. A statewide coordinator guides the development of new groups and insures the quality of existing groups.

During the past 3 years, the State grant has provided a total of only $39,000 to this program. If you calculate the unit of this service, you will find that Parents Anonymous costs 88 cents per week per family served.

Last year, professional sponsors to 37 Parents Anonymous groups donated $79,476 worth of professional services. Now, $2,500 helped a local junior women's club initiate the volunteers in protective services program beginning in July of 1979.

Today, seven volunteers work under the supervision of child protective services workers to provide extensive lay therapy and supportive services to abusive parents.

This program is soon to receive a $25,000 grant from the National Exchange Club, a men's services organization, to expand its program. Similar programs have been developed throughout Connecticut and with limited and patchwork funding, a total of 14 lay therapy groups are in place.

Five local communities have received minigrants of $2,000 to $5,000 for sexual abuse prevention and treatment programs. With these small amounts of dollars, each community is identifying and responding to its unique needs with respect to this specialized problem.

For example, one community is focusing on educating school personnel in the education of and response to sexually abused children.

The Connecticut general assembly appropriated an additional $35,000 to the State department of children and youth services to add a lay therapy component to a successful program at Waterbury Hospital seeded with Federal moneys appropriated by the Child Abuse Prevention and Treatment Act.

An additional $50,000 has been appropriated to the department's budget to maintain community-based child protection programs which were also seeded with State formula grant moneys.

Connecticut corporations, including Aetna Life & Casualty, Stauffers, and Heublein and Connecticut foundations like the Hartford Foundation for Public Giving are also beginning to provide some maintenance funding for programs seeded with Federal dollars.

Finally, our newest initiative is a newsletter called Connecticut's Children, which was released 2 weeks ago and is designed to maintain a focus on children, most particularly, abused children.

Unfortunately, no piece of legislation will totally eliminate the Scott D's. and the Jane T's. But I can assure you that in the face of rising statistics—in Connecticut, 638 abuse and neglect referrals were received in 1972 as compared with 12,832 in 1979, a 2,000-percent increase in 7 years—the Child Abuse Prevention and Treatment Act has made a significant impact on the protective services delivery system.

The Child Abuse Prevention and Treatment Act can be credited with helping us improve our education of and responsibility to a serious, widespread, and complex problem. But 7 years is not enough time and 12,000 children are far too many, and corporate contributions are still too small for us to stop our work now.

You have heard the children and they have told you. You can and you must reauthorize the Child Abuse Prevention and Treatment Act.

Thank you.

Mr. MURPHY. Thank you very much, Ms. Vecchiolla.

[Prepared statement of Francine Vecchiolla follows:]

PREPARED STATEMENT OF FRANCINE J. VECCHIOLLA, A.C.S.W., PROJECT DIRECTOR, STATE FORMULA GRANT, CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES, DIVISION OF CHILDREN AND PROTECTIVE SERVICES

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But Scott would have to wait. This time no one could hear. No one could see. The problem was disguised so well by the education and affluence of Scott's parents and the plausibility of their explanation. After all, Scott's father had just been promoted to a prestigious position in a new city. Who would know this was the child's third admission? Scott's terrified father knew he and his young wife needed help—but where could they go for help? Maybe in this new city, his wife could adjust and make a new start. Two months later, Scott was readmitted to the hospital. It took another injury, the fourth he suffered in eleven months of life, before the problem was accurately diagnosed.

Jayne T. was a typical 8 year old. In many ways, Jayne had an average life: an only child, Jayne lived with her mother and grandfather. Jayne's parents were divorced when she was six and Jayne missed her father. It was nice to come home from school to grandfather now that Mommy had to work.

When Jayne T. was twelve, the disbelieving family physician diagnosed the presence of gonorrhea. Only after this diagnosis was made, did anyone correctly interpret and accurately piece together the signals Jayne had been sending. It was so easy for her loving but busy mother to conclude that Jayne's nervousness, loss of appetite, dropping grades, and social discomfort were characteristics of early adolescence.

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$2,500 helped a local Junior Women's Club initiate the Volunteers in Protective Services Program beginning in July of 1979. Today, 7 volunteers work under the supervision of child protective service workers to provide intensive lay therapy and supportive services to abusive parents. This program is soon to receive a $25,000 grant from the National Exchange Club, a men's service organization, to expand its program. Similar programs have been developed throughout Connecticut and with limited and patchwork funding a total of fourteen lay therapy programs are in place.

Five local communities have received mini grants of $2,000-$5,000 for sexual abuse prevention and treatment programs. With these small amounts of dollars, each community is identifying and responding its unique needs with respect to this specialized problem. For example, one community is focusing on educating school personnel in the identification of and response to sexually abused children.

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You have heard the children and they have told you—you can and you must reauthorize the Child Abuse Prevention and Treatment Act.

CHILD PROTECTION
A PHILOSOPHY

Child Protection is the joint responsibility of the public and private sector. Federal child abuse dollars have been used to seed innovative local programs throughout Connecticut. Public, Federal, State and local funding and private foundation and corporate funding must be available to maintain this community-based, statewide network.

CHILD PROTECTION PROGRAMS

Child protection teams and parent aide programs provide services to abused children and families in crisis. The child protection teams, consisting of interdisciplinary professionals, provide intensive review of difficult child abuse cases and mobilize interagency efforts to develop a comprehensive, permanent plan and coordinated community services for the child and family. Parent aides provide intensive paraprofessional services to families in crisis to improve the quality of parenting and family life and to stabilize the home so that the children can remain with their families and at home.

THREE REASONS

The three major reasons these programs should be sustained are:

.These programs are cost effective. The cost per case is $313 for children served by child protection teams and $803 by parent aides. Foster care placement for each such child for twelve months would be $1,980 (excluding all other supportive costs of working with the child and family) and $13,000 for residential treatment.

.These programs support the federal mandate of P.L. 96-272 which requires that every effort be made to keep children in their own homes and with their own families through such services.

.These programs fulfill four of the major goals of the Governor's Human Services Annual Agenda FY 1982, namely Permanency Planning, Community Services, Development, Abuse Complaint Response and Institutional Alternatives. This documents the effectiveness of these innovative community-based, community-supported services which respond quickly to child abuse complaints in their communities to keep children in their own home.

CORE UNIT

A CORE UNIT is the minimal staff and funding is needed to deliver child protection team and parent aide services for each catchment area.

CORE UNIT-PROPOSED BUDGET

I. Personnel

Child Protection Team (1 Coordinator)
In-kind professional services
Contributed by team members

Team Coordinator	$16,000
Clerical	$10,000
Fringe @ 15%	4,350
	$30,350

Parent Aide Component (1 Supervisor, 12 Aides)

Parent Aide Supervisor	$18,000
Unit of (6) Paid Parent Aides	$72,000 @ $12,000 ea.
Fringe @ 15%	13,500
	$85,500
Unit of (6) Volunteer Parent Aides-Partial reimbursement for travel ($50/mo. flat rate)	$ 3,600
TOTAL PERSONNEL	$121,390

Team members provide their service on an in-kind basis. During 1979-80, the average contribution of professional time donated to child protection teams was $13,000. This figure is based upon the following scale:

$50/hour - M.D.
$35/hour - Ph.D.
$35/hour - Attorney
$25/hour - A.C.S.W. Social Worker
$20/hour - Police and Probation
$10/hour - Volunteer

Team coordinators are responsible for the coordination of the child protection team; parent aides supervisors coordinate the parent aide program.

Clerical services must be available to the child protection team and parent aide program.

II. Operating

Office Space	$ 5,000
Supplies	1,000
Telephone	2,500
Printing, Postage	800
Training Materials	500
TOTAL OPERATING	$ 9,800
TOTAL CORE UNIT COST	$131,190

PROGRAM: COMMUNITY CHILD PROTECTION TEAM
SPONSOR: Child Guidance Clinic of Greater Bridgeport, Inc.

.Child Guidance Clinic gives in-kind contribution of professional coordinator, part-time.
.Coordinator originally based at Bridgeport Hospital. Program has grown to include both a community-based team and a hospital-based team with its own coordinator.

PROGRAM: COMMUNITY CHILD PROTECTION TEAM
SPONSOR: The Coalition for Children & Youth, Inc.

.One of the first programs seeded with State Formula Grant funding-(federal child abuse dollars). Receive: Title XX funding.
.Program develops educational material and programs for public and professionals; coordinates a team, develops additional community resources.
.One year mini-grant for sexual abuse initiatives through State Formula Grant (federal child abuse dollars).

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PROGRAM: COMMUNITY CHILD PROTECTION TEAM
SPONSOR: The Stamford Hospital

.In 2nd yr. of funding by DCYS Child Protection line item: provides only for expenses of coordinator. Some corporate funding has been obtained.
.Team began November, 1978 on a voluntary basis by Junior League of Stamford-Norwalk, Inc.

CHAPTERS CURRENTLY ACTIVE IN - BRIDGEPORT STAMFORD STRATFORD TRUMBULL

.Parents Anonymous support groups for abusing parents are coordinated in Connecticut by a private non-profit corporation called Parents Anonymous of Connecticut, Inc. The corporation hires a statewide coordinator and clerical staff.

.Parents Anonymous of Connecticut, Inc. is approaching its third year of operating as a statewide organization. Funding for the first three years has come mainly from the Department of Children & Youth Services through the State Formula Grant (federal child abuse dollars). Other sources of funding have been the National Office of Parents Anonymous, the Connecticut Child Welfare Association, and private foundations and corporations.

.Based on the 1979-80 budget, it costs $46.00 a year or $.88 a week to provide 24 hour availability of service to families in Parents Anonymous. For an amount equal to the cost of keeping one child in foster care in Connecticut for one year, Parents Anonymous can reach 41 families. For an amount equal to the cost of maintaining one child in an institution for one year, Parents Anonymous can reach 260 families. In this way, Parents Anonymous provides an effective, cost efficient service.

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.Each Parents Anonymous Chapter selects a member of the group to serve as its leader or chairperson. This parent has the responsibility of leading the discussion at each meeting, and often acts as the contact person for new referrals to the chapter. It is this feature of parent leadership which sets Parents Anonymous apart from other, more traditional forms of group treatment. In addition, each Chapter is assisted on a voluntary basis by one or two professional sponsors who provide leadership training and support to the chairperson and act as liaisons with other community resources. These professionals generally donate 6-10 hours weekly to Parents Anonymous related activities. The 37 professional sponsors in Connecticut donated a total of $79,476 worth of professional time to Parents Anonymous related activities this year.

.Parents Anonymous is a self-help organization for parents who seek to change their physically or emotionally harmful relationships with their children. Weekly Parents Anonymous meetings provide parents, at no cost, with a safe place to discuss feelings and behaviors with others who have had similar experiences. In addition, parents have the opportunity to exchange telephone numbers and thus become available to each other on a 24-hour basis in times of crisis or loneliness. At chapter meetings, parents exchange information about effective parenting techniques and child development, and may be given the opportunity to practice specific parenting skills.

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PROGRAM:	THE EFFECTIVE FAMILY LIVING PROJECT	
SPONSOR:	Family & Children's Aide of Greater Norwalk, Inc.	.In 3rd and final year of funding from Connecticut Justice Commission: funds-(1½) professional staff to coordinate program. .Founded in 1978, lay therapy program uses volunteers close coordination with Mid-Fairfield Child Guidance Clinic.
PROGRAM:	INTENSIVE FAMILY SERVICE PROJECT	
SPONSOR:	Mid-Fairfield Child Guidance Clinic, Inc.	.Time-limited C.E.T.A. funds used to start program expired 9/80. Grant from Stouffers has enabled program to continue. .Program using paid lay therapists. Coordinates closely with Family and Children's Aide program also located in Norwalk. .Advantageous to have both paid and volunteer parent aide components available in community.
PROGRAM:	PARENT ENRICHMENT PROGRAM FAMILY AIDE PROGRAM	
SPONSOR:	Child Guidance Clinic of Greater Bridgeport, Inc.	.In 3rd and final year of Connecticut Justice Commission Grant, and Bridgeport Area Foundation Grant. In second year of funding thru DCYS Child Protection Program line item. Limited availability of ongoing funding may result in reduced services. .Parent Enrichment Program targets identified abusive parents. First program in Connecticut to use volunteers. .Family Aide Program targets parents at high risk for child abuse. Is preventive in nature.

PROGRAM: COMMUNITY TEAM COMPONENT

SPONSOR: Coordinating Committee for Children in Crisis, Inc.

- One of the first programs to be seeded with State Formula Grant (federal child abuse dollars). Receives Title XX funding.
- Child protection team has two components: a community-based team to which any agency can refer and a specialized mini-intake team which is available to and meets at DCYS. Program includes several additional and unique components.
- One year mini-grant for sexual abuse initiatives through State Formula Grant (federal child abuse dollars).

PROGRAM: LOWER NAUGATUCK VALLEY CHILD PROTECTION TEAM

SPONSOR: Lower Naugatuck Valley Parent Child Resource Center

- Coordinator is donated on an in-kind basis by Parent-Child Resource Center who assumed responsibility for the team in 1979.
- Team has been reorganized during past year. Closely tied to the Valley Youth Forum.

PROGRAM: COMMUNITY TEAM COMPONENT

SPONSOR: Child Guidance Clinic for South Central Connecticut Coordinated Crisis Intervention Program in Family Violence and Neglect

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- Program is coordinated by the Community Provider Consortium. Receives Title XX funding.
- Program began in 1978 and has several components in addition to team including parenting classes, parent aides, community education and in-service training and crisis intervention outreach services.

CHAPTERS CURRENTLY ACTIVE IN - ANSONIA/DERBY, NEW HAVEN (2), BRANFORD, HAMDEN, CHESHIRE/WALLINGFORD, MERIDEN

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PROGRAM:	PARENT AIDE COMPONENT FAMILY ADVOCATE COMPONENT
SPONSOR:	Coordinating Committee for Children in Crisis, Inc.

.Receives Title XX funding; in 2nd year of DCYS Child Protection Program line item funding. Additional funds being sought. Paid staff, some volunteers.
.Works primarily with abusive and high risk parents. Program has been a leader in organizing parent aide supervisors on a monthly basis.
.Prototype in Connecticut: program is targeted to systems intervention.

PROGRAM:	PARENT AIDE COMPONENT
SPONSOR:	Child Guidance Clinic for Central Connecticut, Inc. Coordinated Crisis Intervention Program in Family Violence and Neglect

.Receives Title XX funding. Additional funding being sought.
.Parent aide program has a unique "Mothershare" Group for parents. Also provides lay therapy services in the home.

PROGRAM:	LOWER NAUGATUCK VALLEY PARENT AIDE PROGRAM
SPONSOR:	Lower Naugatuck Valley Parent Child Resource Center, Inc.

.In 2nd year of DCYS Child Protection Program line item funding. Additional funds being sought. Paid supervisor and paid lay therapists.
.Parent aide supervisor has spearheaded statewide legislative efforts to attract additional DCYS Child Protection Program line item funding.

PROGRAM: MIDDLESEX COUNTY CHILD PROTECTION TEAM

SPONSOR: Community Health Center, Inc.

- Coordinator donated on part-time basis by Community Health Center. Stable funding being sought.
- Team grew out of a community task force on domestic violence. Close working relationship with Middlesex Memorial Hospital.

PROGRAMS: WILLIAM BACKUS HOSPITAL COMMUNITY TEAM
LAWRENCE & MEMORIAL HOSPITALS COMMUNITY TEAM
U. S. NAVAL SUBMARINE BASE CHILD ADVOCACY TEAM

SPONSOR: Southeastern Connecticut Child Protection Council

- In 3rd and final year of funding through DCYS State Formula Grant (federal child abuse dollars). Funds provide stipend to (1) 4/5 time coordinator. Stable funding being sought.
- Three teams and a community council were developed to mobilize this 28 town area. Public and professional education ongoing, developed volunteer parent aide component, developed Parents Anonymous groups.
- One year mini-grant for sexual abuse initiatives through State Formula Grant (federal child abuse dollars).

PROGRAMS: DANIELSON: COMMUNITY TEAM COMPONENT
WILLIMANTIC: COMMUNITY TEAM COMPONENT

SPONSOR: Northeastern Connecticut Child Protection Council
United Social and Mental Health Services, Inc.

- In 3rd and final year of Connecticut Justice Commission funding. Stable funding being sought.
- Two teams and a community council were developed to meet the needs of this area. Public and professional education. Developed volunteer parent aide component.
- One year mini-grant for sexual abuse through State Formula Grant (federal child abuse dollars).

CHAPTERS CURRENTLY ACTIVE IN -

BROOKLYN
GROTON
MIDDLETOWN
NEW LONDON (2)
WILLIMANTIC (Hispanic)
NIANTIC CORRECTION FACILITY
NORWICH
STORRS
THOMPSON

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.Based on the 1979-80 budget, it costs $46.00 a year or $.88 a week to provide 24 hour availability of service to families in Parents Anonymous. For an amount equal to the cost of keeping one child in foster care in Connecticut for one year, Parents Anonymous can reach 41 families. For an amount equal to the cost of maintaining one child in an institution for one year, Parents Anonymous can reach 260 families. In this way, Parents Anonymous provides an effective, cost efficient service.

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PROGRAM: MIDDLESEX COUNTY PARENT AIDE PROGRAM
SPONSOR: Community Health Center, Inc.

.In 2nd year of DCYS Child Protection Program line item funding, additional funding being sought.
.Tied with Child Protection Team, paid parent aide supervisor.

PROGRAM: NEW LONDON COUNTY PARENT AIDE PROGRAM
SPONSOR: Southeastern Connecticut Child Protection Council
Family Services East
Connecticut Department of Children & Youth Services

.Began in 1980 as a volunteer initiative with in-kind support from Child Protection Council, DCYS, and Family Services East. In 1st year of DCYS State Formula Grant (federal child abuse dollars) stipend.
.Tied with Child Protection Team, supervision is donated by Family Services East. Lay therapists are volunteers.

PROGRAM: MANCHESTER: CHILD ADVOCACY TEAM
ROCKVILLE: CHILD ADVOCACY TEAM

SPONSOR: Manchester Community Services Council, Inc.

- In last year of State Formula Grant funding (federal child abuse dollars). Funds provide stipend to (1) 4/5 time coordinator. Local funding being sought through Manchester Community Services Council, Inc.
- Two functioning teams are in operation, paid professional coordinator began in 1977.

PROGRAM: COMMUNITY CHILD PROTECTION TEAM

SPONSOR: North Central Connecticut Coalition for Children In Crisis

- In 2nd year of funding through DCYS Child Protection Program line item: provides only part-time clerical.
- Volunteer coordinator, much support from Neighborhood Center.

PROGRAM: COMMUNITY CHILD PROTECTION TEAM

SPONSOR: Connecticut State Department of Children & Youth Services

- Originally the community component of the University of Connecticut Medical Center Team funded by Aetna Life and Casualty. Upon funding expiration in summer 1980 coordination donated by Department of Children & Youth Services.
- This model is providing an opportunity to experiment with the mandated state agency serving as the coordinating agency.

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PROGRAM: PROJECT P.A.C.E. - BRISTOL TEAM
NEW BRITAIN TEAM

SPONSOR: Bristol Hospital Mental Health Clinic, Inc.

- Funded from 1979-1981 through the Connecticut Justice Commission. Stable funding being sought.
- Founded 1979, close interface with Homemaker, V.N.A., Young Parent Program and Youth Service Bureau.

GREATER HARTFORD REGION | PARENTS ANONYMOUS | MARCH 1981

CHAPTERS CURRENTLY ACTIVE IN -

STAFFORD SPRINGS
GLASTONBURY
ENFIELD
MANCHESTER
HARTFORD
HARTFORD (Hispanic)
WEST HARTFORD
BLOOMFIELD
NEW BRITAIN
BRISTOL

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PROGRAM: THE PARENT AIDE PROGRAM

SPONSOR: Homemaker Service of the Bristol Area, Inc.

- .Initiated with time-limited funding from United Way. Reimbursement for service arrangement with State makes ongoing operation possible at no charge to State clients.
- .Parent aides receive 30 hours of specialized training in home safety, child care, household management, nutrition, and budgeting.

PROGRAM: VOLUNTEERS IN PROTECTIVE SERVICES PARENT AIDE PROGRAM

SPONSORS: Department of Children & Youth Services
Vernon Junior Women's Club

As of May 1, program will be known as SCAN (Suspected Child Abuse/Neglect) America of Connecticut, Inc.

HARTFORD REGIONAL SCAN CENTER
SPONSOR: Connecticut Exchange Clubs

- .Seeded with State Formula Grant funding (federal child abuse dollars).
- .Connecticut District Exchange Clubs will provide ongoing funding when program converts to Hartford Regional SCAN Center in May, 1981.
- .Vernon Junior Women's Club and State Department of Children & Youth Services developed volunteer lay therapy program in 1979.
- .SCAN (Suspected Child Abuse/Neglect) America of Arkansas, Inc. adapted to meet Connecticut needs will enable this program to expand number and function of volunteers.

PROGRAM: GOOD START PROGRAM

SPONSOR: St. Francis Hospital
Hartford

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- .Program initiated by City of Hartford Health Department, current funding provided by Aetna Life and Casualty. Stable funding being sought.
- .Hospital based lay therapy program provides intensive and supportive services most particularly to new parents. Goal is to support high risk parents and prevent need for more intensive services: prototype in Connecticut.

PROGRAM:	COMMUNITY TEAM COMPONENT	
SPONSOR:	Danbury Regional Commission on Child Care, Rights & Abuse, Inc.	.One of the first programs seeded with State Formula Grant funding (federal child abuse dollars). .In 3rd and final year of funding from Connecticut Justice Commission. In 2nd yr. of funding by DCYS Child Protection Program line item. Local funding sought. .Began June, 1976, goal is planning, developing and implementing a system of complete services for children and youth in Housatonic Valley Regions.

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PROGRAM:	COMMUNITY TEAM COMPONENT	
SPONSOR:	The Collaboration for the Prevention of Child Abuse & Neglect Waterbury Hospital, Department of Pediatrics	.One of the first programs seeded with State Formula Grant funding (federal child abuse dollars). Presently funded by City of Waterbury, Connecticut Justice Commission, DCYS line item and Waterbury Hospital. .Based at a hospital, program includes a community team and parent aide component. .One year mini-grant to Sexual Assault Crisis Service, Inc. and Collaboration for sexual abuse initiatives through State Formula Grant (federal child abuse dollars).

CHAPTERS CURRENTLY ACTIVE IN -

DANBURY
WATERBURY
WINSTED
WATERTOWN

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PROGRAM:	PARENT AIDE PROGRAM COMPONENT	
SPONSOR:	Danbury Regional Commission on Child Care, Rights, & Abuse, Inc.	.Contractual arrangement with Family and Children's Aide Homemaker Services which enables reimbursement for service system at no charge to clients. .Tied with Child Protection Team, coordinator is paid by Commission.

PROGRAM:	PARENT AIDE PROGRAM COMPONENT	
SPONSOR:	The Waterbury Collaboration for the Prevention of Child Abuse & Neglect Waterbury Hospital, Department of Pediatrics	.Program was initiated with C.E.T.A. funds, has been maintained by DCYS line item funding and funding from Waterbury Hospital. .Tied with Child Protection Team, paid coordinator, paid lay therapists.

Connecticut's Children

About Children and Protective Services in Connecticut

Volume I Number I Winter, 1981

Group aims to bolster permanency

By Charles Launi,
Deputy Commissioner

The Committee on Foster Care Upgrading and Expansion has been meeting to plan for ways to expand DCYS resources for permanent planning. Their recent report of progress to Deputy Commissioner Amy Wheaton and myself includes elements addressing emergency foster homes, temporary transitional foster homes, foster family care rate adjustment, therapeutic foster care homes, permanent foster family homes and emergency support facilities.

The proposal would create resources for DCYS to improve permanent planning for children by assuring that more children are either returned to their natural parents or provided with more appropriate placements. Those objectives will be achieved by:

- Preserving the existing foster home placements;
- Expanding existing placements;
- Creating new placements.

The results of this effort will serve the needs of children while stabilizing costs by gradually reducing the number of long term residential placements. That goal can be accomplished by utilizing short term treatment, less costly foster family care, or by returning the child to his or her home.

All the news...

Welcome to the first issue of *Connecticut's Children*. Produced by the Division of Children and Protective Services, this is the first of three issues. Publication of *Connecticut's Children* is made possible through a State Formula Child Abuse Grant funded by the U. S. Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth and Families, Children's Bureau.

Connecticut's Children will strive to promote an exchange of ideas among professionals concerned about children's services. Articles will discuss the work of the Division, focus on unique or innovative programs and describe ties between the Division's staff and other child welfare professionals.

Future issues are planned for May and August of 1981. We welcome articles or story suggestions. Please send them at least six weeks in advance of publication to: Division of Children and Protective Services, Department of Children and Youth Services, 170 Sigourney Street, Hartford, CT 06105 or call 566-5237.

From the Commissioner

Dear Colleague,

I am pleased to be part of this first issue of Connecticut's Children.

I thought it would be appropriate to share with you the Department of Children and Youth Services 1981 to 1986 goals which recently were submitted to the General Assembly as part of the department's Five Year Master Plan.

Goal 1: With other state and local agencies, public and private community organizations and the federal government, develop a more comprehensive and integrated system of child welfare, mental health and juvenile justice services for Connecticut's children, youth and their families. Coordinate delivery of these services with community and regional health, mental health, social services, educational and juvenile justice systems.

(continued on page 2)

DCYS, Yale center set standards

By Ray Farrington, MSW,
Director of Children and
Protective Services

Over the past year, DCYS and members of the Yale Child Study Center have been meeting together to develop standards for decision making around the return and removal of children by DCYS. Their work has resulted in a set of specific guidelines for workers to use when contemplating placement for children.

Although the policy of DCYS is to maintain children in their own homes whenever possible, certain events in the child's life may make consideration of either temporary (up to 96 hours) or long-term placement a necessity. The guidelines speak to decisions around these cases. Conversely, many families demonstrate child neglect and other problems that do not ordinarily warrant removal of a child from the home, but do indicate a need for *voluntary* services to provide meaningful, effective support. For these situations,

(continued on page 2)

In Brief

Providers designing data system

Providers of child protection services in Connecticut meet regularly each quarter with representatives of DCYS Division of Children & Protective Services. These meetings provide a regular opportunity for public and private providers throughout the state to share information about their programs and to discuss mutual concerns. Their goal is to strengthen and enhance the community based network approach to children's protective services.

At the fall 1980 meeting, the group agreed to form a working committee to address common problems of data collection. Currently, the committee is reviewing the informational needs of child protection teams and parent aide programs. After analyzing the various systems in use at present, the group plans to design a standardized data collection instrument system that will then be made available to any interested programs.

If you have suggestions for the committee to include in their design, please call Joseph Loftus-Vergari, MSW, Director of the Waterbury Collaboration for the Prevention of Child Abuse and Neglect at 574-6219.

Congress to review abuse law

The Child Abuse Prevention And Treatment Act (P.L. 94-247 as Amended) expires at the end of fiscal year 1981 and preliminary hearings on the reauthorization of this legislation have begun.

P.L. 94-247 provides financial assistance for demonstration projects through the State Formula Grants and the National Center on Child Abuse and Neglect-NCCAN. If you wish to participate in a group effort supporting this piece of legislation, your written comments are welcome. Please send them to The Division of Children and Protective Services, Office of Program Development, Department of Children and Youth Services, 170 Sigourney Street, Hartford, CT 06105.

DCYS, Yale

(continued from page 1)

the guidelines spell out an expectation that the public and private sectors will work together to insure service availability – on a truly voluntary basis. In fact, the guidelines state that in these cases, "if services are truly voluntary, the simple refusal to accept services does not constitute cause for removal, or even for further extended inquiry into the family's situation.

The primary assumption upon which the guidelines are based, is that every child needs and deserves to feel secure in his or her home environment. Security involves both physical and emotional well-being – conditions which are usually best met within permanent and enduring relationships with the primary caretaker and which are essential to a child's healthy development.

The guidelines spell out the specific steps that should be followed prior to removing a child – a decision-making process designed to assure careful consideration of all other alternatives and to be applicable to both emergency and non-emergency situations.

If a decision to remove is then reached, the guidelines go on to specify further involvement around planning for return, if appropriate, including steps for maintaining parent/child relationships. If return is not appropriate, immediate initiation of permanency planning is required by the guidelines.

In two very specific categories, the guidelines state the presumption that an exception be made to the basic principle that all children should return home. These are the two situations in which permanency planning is to begin immediately. They are:

- "Children who have been removed because of life threatening injuries at the hands of the adults responsible for them in their own homes," and
- "Children who have lost their primary relationship to their biological parents and who have established very strong primary relationships with surrogate parents who are prepared to keep the children permanently. Further required in this situation is that the clinical assessment indicates the children long range development will be threatened by removal from the surrogate parents."

Copies of the full set of guidelines, related training materials and further information may be obtained from the Division of Children and Protective Services, Department of Children & Youth Services, 170 Sigourney Street, Hartford, CT 06105.

Commissioner

(continued from page 1)

Goal 2: Maintain children and youth within their own homes, families and communities. Should placement be required, return of the child to the family is the desired treatment goal. In all cases, a plan for permanency will be developed for each child.

Goal 3: Assure that all children and youth serviced by the department receive prompt attention, have updated treatment plans, and receive regular case reviews, discharge planning and follow-up services consistent with the principles of permanency and care in the least restrictive environment.

Goal 4: Increase the proportion of the department's fiscal resources allocated for the provision of preventive, support and supplementary services for children and youth in their families, homes and communities.

Goal 5: Strengthen the department's management capacity to continue to ensure that DCYS direct and funded services are of high quality and are cost effective.

Each year this plan will be revised and updated as needed. These goals have been established so that DCYS may continue to offer ever-improving services to the children of Connecticut and their families.

Sincerely,

Mark J. Marcus
Commissioner

Exchange club support strengthens child protection

By Lynn Lanaberry,
CT Exchange Club

Frank Liburdy, Jr., president of the Connecticut District Exchange Clubs, has announced receipt of a $25,000 grant from the National Exchange Club Foundation for the Prevention of Child Abuse. The foundation provides financial support to child abuse prevention projects as part of the group's National Program Focus.

The grant will fund a model program called Suspected Child Abuse and Neglect (SCAN), which was pioneered in Little Rock, AK. SCAN uses volunteer lay therapists to work with parents who abuse or neglect their children.

Members of the child protection community have met during the past year with DCYS officials, SCAN officials and members of the Connecticut District Exchange Clubs to identify the state's needs and to adapt the SCAN model for use here. The SCAN prototype will begin as a year-long experimental program based at the Rockville office of the DCYS Hartford Region. The new SCAN center will offer lay therapy and parent aide services to cases referred by DCYS.

Connecticut's District Exchange members are excited about the grant because it enables an existing child protection program to deliver expanded lay therapy services. The Exchange Club is also grateful to Commissioner Mark J. Marcus and his staff who worked closely with us and with private providers to bring this plan to fruition.

The Connecticut SCAN model is one of the first in the country and the state's Exchange Club membership hopes to continue support for this kind of innovative, public-private collaboration aimed at preventing child abuse.

Polly Macpherson

Resource center coordinator named

By Francine Vecchiolla, MSW,
Central Office

Polly Macpherson has joined DCYS as the state coordinator to the New England Resource Center for Protective Services in Boston, MA. The center is one of ten regional projects funded through the National Center on Child Abuse and Neglect (NCCAN).

The Boston center serves as a regional library and works to communicate information about the region's child abuse programs, services and resources. The center also develops training programs and provides technical assistance.

Ms. Macpherson will work at the Office of Program Development to strengthen the statewide network of child protection programs. Specifically, she will work with parent aide programs and DCYS to enhance case management systems. She will also participate in the development of the family day care demonstration project with the Office of Child Day Care and the Department of Human Resources.

Ms. Macpherson holds a Master's Degree in education and has ten years of social work experience serving children through public and private organizations. She has created training material and conducted parenting education workshops for professionals and for parents. She worked previously as a director of social and community services at a model day care center in New Jersey which offered full and part-time care for 500 infants and children through third grade.

Milwaukee

(continued from page 5)

- Ethnic agencies are an unnecessary duplication of services because adequate child protection services can be provided to minority clients by any worker who is trained to understand the implication of cultural heritage and values on the lives of ethnic and linguistic minority clients.
- We must face the fact that we do not have resources adequate to the needs of all validated child abuse and neglect cases, and public agencies should be mandated to investigate and treat only physical and sexual abuse.

Another special feature this year will be a "Salute to CPS Workers." The national conference will accord special recognition to direct service line workers in child protection. Representatives from each of the 50 states and Puerto Rico have been selected and will be honored at a special breakfast. They will also be featured panelists in selected workshops to ensure that their "unique experience in child protection be recognized and solicited." Connecticut's representative CPS worker will be Marie Delage from the Waterbury Regional Office.

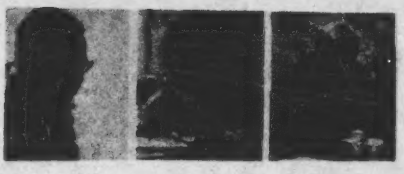
Ms. Francine Vecchiolla, Project Director of the Department of Children and Youth Services' State Formula Child Abuse Grant will also participate in the conference. Ms. Vecchiolla has been invited to moderate a panel discussion between representatives from five other states' child protection agencies. The panel will present models of evaluation methods and techniques relevant to multidisciplinary teams, discuss the state-of-the-art and offer ideas about improvement in the area of evaluation team-based service delivery.

Conference registration information will be sent from the Region IV Resource Center in early February. You may contact the conference planners directly by writing to: Region V Child Abuse Resource Center, University of Wisconsin, School of Social Welfare, P.O. Box 786, Milwaukee, WI 53201, or by calling: (414) 963-4184.

Regional Offices

Region I
Bridgeport
1115 Main St.
579-6150
Stamford
1642 Bedford St.
357-8144
Region II
New Haven
111 Whitney Ave.
789-7711
Meriden-Wallingford
Undercliff Rd.
Bldg. 11
238-6185
Region III
Norwich
331 Main St.
886-2641
Middletown
117 Main St. Ext.
344-2121

Region IV
Hartford
110 Bartholomew Ave.
566-4154
Hartford
128 Westland St.
566-3964
Rockville
1 Court St.
872-6222
New Britain
149 Main St.
827-7137
Region V
Waterbury
79 Linden St.
753-9541
Torrington
352 Main St.
482-5531
Danbury
131 West St.
797-4040



Raymond Farrington, Director Children and Protective Services | Lucy Foster, Region I Assistant Regional Coordinator | Robert Rodney, Region II Assistant Regional Coordinator

Dorothy Shaw, Region III Assistant Regional Coordinator | Arthur Winsker, Region IV Assistant Regional Coordinator | Frank Daddona, Region V Assistant Regional Coordinator

Community based child protection teams

I – BRIDGEPORT
Bridgeport Child Protection Team
Child Guidance Clinic of Greater Bridgeport, Inc.
1081 Iranistan Avenue
Bridgeport, CT 06604
367-5301
NORWALK
The Coalition for Children and Youth, Inc.
Lewis Street on the Green
Norwalk, CT 06852
846-0388
STAMFORD
Stamford Community Child Protection Team
21 Old Farm Road
Darien, CT 06820
655-2703
II – HAMDEN
Coordinating Committee For Children In Crisis, Inc.
1400 Whitney Avenue
Hamden, CT 06517
288-0212
SHELTON
Lower Naugatuck Valley Child Protection Team
Parent Child Resource Center
375 Coram Avenue
Shelton, CT 06484
736-2696
MERIDEN
Community Provider Consortium
195 Cooke Avenue
Meriden, CT 06450
238-0771

III – MIDDLETOWN
Middlesex County Child Protection Team
Community Health Center
635 Main Street
Middletown, CT 06457
347-6971
NEW LONDON/ NORWICH
Southeastern Connecticut Child Protection Council
c/o Lawrence & Memorial Hospitals
Dept. of Social Services
New London, CT 06320
442-0711
Ext. 2476
DANIELSON PUTNAM
Northeastern Connecticut Child Protection Council
United Social and Mental Health Svcs.
51 Westcott Road
Danielson, CT 06239
774-2020
IV–MANCHESTER ROCKVILLE
Manchester Community Services Council, Inc.
Child Advocacy Team
41 Center Street
Manchester, CT 06040
643-6080

ENFIELD
North Central Connecticut Coalition for Children in Crisis, Inc.
Neighborhood Center
Enfield, CT 06082
745-0371
HARTFORD
Hartford Community Child Protection Team
Dept. of Children & Youth Services
110 Bartholomew Avenue
Hartford, CT 06115
566-8529
BRISTOL NEW BRITAIN
Project P.A.C.E.
Bristol Hospital Mental Health Clinic, Inc.
Brewster Road
Bristol, CT 07010
589-2000
Ext. 206
V – DANBURY
Regional Commission on Child Care, Rights and Abuse, Inc.
75 West Street
Danbury, CT 06810
748-4542
WATERBURY
Waterbury Collaboration for the Prevention of Child Abuse and Neglect
Waterbury Hospital
64 Robbins St.
Waterbury, CT 06720
574-6219

Child sexual abuse: A need ... a response

By Carol Porto,
Bridgeport Regional Office

The following case material has been disguised to protect those involved.

Mary, an attractive 14-year-old, lives with her mother, step-father, 13-year-old brother and 11-year-old sister in a Connecticut community. She was the victim of sexual assault by her stepfather on two separate occasions. Reports were filed with the police, but inadequate physical evidence prevented prosecution. DCYS filed a court petition for temporary custody and made arrangements for ongoing family therapy through a local mental health agency. Since Mary refused out-of-home placement, her stepfather agreed to leave the home for a time.

After his departure, Mary's mother supported her at first, but then grew hostile and suspicious. Meanwhile, all family members continued to participate in the court-stipulated family therapy provided by the local mental ealth agency.

As a result of therapy, the step-father showed real progress and soon decided he was well enough to return home. When he moved back, however, the mental health agency objected strongly to his decision and refused to continue therapy while he remained at home. The police could take no action and the term of custody was nearly over. Consequently, the mental health agency's objections jeopardized the progress already made in therapy.

The caseworker attempted, without success, to persuade service providers to continue therapy and to acknowledge the need for patience, flexibility and a commitment to long-term involvement. Ultimately, the caseworker located a private psychologist who reinstated therapy with the father at home, but earlier progress was compromised due to the interruption of treatment. Continued treatment was threatened, however, by the end of temporary custody.

DCYS convened a case consultation meeting among all participating agencies. The group recommended that the court be asked to continue the temporary custody and to stipulate therapy for a minimum of three additional months to assure stabilization of family members and continuation of progress. The court agreed and all family members continue to work with the psychologist.

A Response

This case highlights the necessity for cooperation, flexibility and sharing of information among mental health providers, DCYS, the police and the courts in cases of sexual abuse. In recognition of the need for a coordinated interagency approach, the Division of Children & Protective Services offered limited funds in 1980 - 81 for community based sexual abuse awareness intiatives. Five providers, all Child Protection Teams, applied and each was awarded a mini-grant through the NCCAN State Formula Grant program. The five recipients were:

- The Coordinating Committee for Children in Crisis, Inc., Hamden;
- The Coalition for Children and Youth, Inc., Norwalk;
- The Child Protection Council of Southeastern Connecticut, New London;
- Sexual Assault Crisis Service, Waterbury;
- The Child Protection Council of Northeastern Connecticut, Danielson.

(continued on page 6)

Milwaukee hosting national child abuse conference

By Polly Macpherson, MS,
Central Office

The Fifth Annual National Conference on Child Abuse and Neglect convenes in Milwaukee on April 5. Sponsored by the National Center on Child Abuse and Neglect and the Region IV Resource Center, the conference will provide a national framework to address legislative policy and practice issues in protective rvices for children.

A highlight of this year's conference will be a public hearing on the reauthorization of the Child Abuse Prevention and Treatment Act (Public Law 94-247). The act funds the National Center on Child Abuse and Neglect, demonstration projects and the State Formula Grant Program.

At the opening session of the conference, nationally renowned child welfare professionals will meet in a Point-Counterpoint Panel. Throughout the following days of the conference, workshops will address each issue in greater detail. The Point-Counterpoint topics will be:

- The federal government has made a significant contribution to the prevention and treatment of child abuse and neglect in the past five years, and it is the role of the federal government to assert this leadership in the next five years.
- The private sector should play a more prominent role in the prevention and treatment of child abuse and neglect in the next five years.
- With data indicating a considerable correlation of spouse abuse with child abuse and neglect, it would be both cost-effective and treatment-effective to combine funding and programs for child protection and spouse abuse in a new framework of family violence.
- In an era of declining resources and hard choices, we should put more emphasis on treatment than on prevention of child abuse and neglect.
- Scarce funding should be used to improve the quality of child protective services staff rather than for supportive services such as parent aides.
- Cultural and ethnic variations have an impact on the incidence of child abuse and neglect and should be considered in child abuse and neglect investigation, prevention and treatment efforts.

(continued on page 3)

7 train in permanency planning

By Frances S. Porter, ACSW, Central Office

Seven DCYS staff members explored placement issues which affect special-needs children during three Leadership Training Programs held during October, December and January. The Region I Adoption Resource Center in Boston, MA, sponsored the program which brought together 35 child welfare practitioners from the New England states.

The program trained participants in newly developed techniques for placement of special-needs children, including: recruitment, family assessment, preparation of children for placement and follow-up services. The curriculum was modeled after the Project Craft Program developed at the University of Michigan.

A variety of national and regional experts in permanency planning gave presentations. Among the lecturers were: Laurie Flynn, president of the North American Council on Adoptable Children; Claudia Jewett, auther of *Adopting the Older Child;* Beverly Worrell, a consultant from Georgia who discussed minority family placement; and Ann Coyne, a University of Nebraska professor who discussed the findings of her research on adoption of developmentally disabled children.

DCYS staff who attended the training program were: Judith Allen, Social Work Supervisor, Norwich; Pat Hartman, Supervisor, Marie Sanacore and Adriana Seawright, Social Workers, Adoption Resource Exchange; John LaChapelle, Social Work Supervisor, Meriden; Frances Porter, Assistant to the Director of Children and Protective Services, Central Office; and Norma Totah, Program Supervisor, Human Resource Development Center. They will be sharing their knowledge with colleagues through training sessions at each regional office.

Save this date...

May 11, 12, 13, 1981
Child Welfare League of America
Northeast Regional Training Conference
Colonial Hilton Inn
Wakefield, MA

The conference will consider: Clinical Practices, Rights, Relationships and Responsibilities. Featured speakers will include: Anthony Maluccio, Carel Germain, Hubert Jones and Claudia Jewett.

Child abuse

(continued from page 5)

The grantee's programs encompass varied efforts directed toward many different groups, including school personnel, parents, other agencies, volunteers. For example, a resource team in Hamden is working to make it easier for families in crisis to get help from existing agencies. The Norwalk program is developing a handbook for professionals that will be a tool for coordinating community assistance to families. To strengthen the preventive element of protective services, the Danielson team created an education program to be used at 20 elementary schools. It teaches school personnel to be more aware of the sexual abuse problem and explains how to respond when children need help. Treatment groups for children and a support group for mothers of victims are two facets of the Waterbury program. In New London, a staff member has been hired to coordinate that community's responses to sexual abuse.

All these programs are helping to create a network of agencies that can work effectively together and support each other in responding to difficult sexual abuse cases where a sustained, carefully coordinated, multi-agency approach is essential.

77-118 O—81——17

Mr. MURPHY. We have been joined by Congressman Miller of California.

I would like to ask both of you, apparently you are associated with the State agency in Connecticut. How do you secure identification or detection of the abused child? It seems to me that's such a private, in-house matter.

Abuse has already occurred before there is any opportunity, and it will still be the innate fear of the children to deal with. They don't want to see their parents arrested and they don't want to get in trouble themselves.

How do you ferret it out, or identify it?

Ms. VECCHIOLLA. It is a difficult problem, sir. You are right. I think we have witnessed tremendous improvement over the last 7 years. A lot of that has had to do with the fact that the Federal Government has encouraged mandated reporting laws in each of the States.

Today, 50 States have such legislation in operation.

Mr. MURPHY. Do you think, then, that would suffice, that that's the reporting system and the law is in place? Why continue with a program for child abuse? Why continue with that act if the system is in place?

Couldn't the—if a young person—couldn't the local law enforcement agencies set up a hotline for them to call?

Ms. VECCHIOLLA. Well, inasmuch as child abuse is a crime, we are trying to approach this from a treatment and, most importantly, a preventative aspect. We have found inasmuch as the mandated reporting legislation is in place, one of the main things its helped us do is identify how large a problem we have to face.

If you look at the statistics I shared with you earlier, a 2,000-percent increase in one State over 7 years in the number of children who were identified, it's considered to be just the tip of the iceberg.

The feeling is that this is a very widespread problem. Federal dollars have been extraordinarily helpful in enabling us to develop demonstration programs and innovative programs which have made a tremendous impact on the problem.

Mrs. MACPHERSON. I think another thing that's important to keep in mind it's sort of the ripple effect that happens as a result of a family coming to—where an abusing problem, coming to the attention of social services agencies, public or private, and the help that they get.

The one message is that this is a problem and it is the responsibility of the society to respond to this and protect this child and to help this family.

But, the neighbors on either side or the grandmother or the aunt or anyone else who saw that here was a family in trouble who got help and the problem was alleviated, have learned from that that their friend or their neighbor can also get help.

The point is that we need the dollars to set up the innovative programs to get to the situation before it becomes a reported abuse.

Not only do we need to respond on that end when the abuse has already occurred, but we need through public education and greater awareness to say there is help before it gets to the point where you have trouble.

Mr. MURPHY. Do you get into the school systems at all? It would seem to me you would have children who are at least temporarily emancipated from their homes.

Mrs. MACPHERSON. Francine mentioned the one in Connecticut where an advocacy program has prepared training for teachers and conducted 1-day workshops in the beginning of September and then again halfway through the year for staff training in detecting, reaching out, helping children who may be in jeopardy.

Schools are extraordinarily helpful. Day-care centers, child care institutions, even younger than public school children, are helpful.

Mr. MURPHY. You have undoubtedly been aware of the approach of the present administration on social programs. Do you—it seems as though Connecticut has a rather advanced system. Do you think that the block grant approach by the Federal Government where we would group this program with others and provide direct funding to the States, albeit perhaps at a lower level, but without the Federal administration involved, do you think that the categorical aid for child abuse or a block grant to the State of Connecticut would be the best approach?

Ms. VECCHIOLLA. I think a categorical approach should be maintained. I submit that based on my professional experience in working in the area of child welfare. I would say that unless the money is earmarked for child abuse, the likelihood of it getting to the State agencies specifically for that purpose is not very great at all.

Mr. MURPHY. Thank you.

Mr. Miller?

Mr. MILLER. Thank you, Mr. Chairman.

I really have no questions, but more of a comment that the setting up of what you have called your community-based multidisciplinary child protection teams is sort of what we envisioned would happen when we passed this legislation and when we designed it.

We had hear testimony last week that the Federal dollars that have flowed to the States in fact attracted many more dollars in a sense, but more importantly, they have attracted in kind contributions by professionals, and attorneys and school personnel to come together to provide some support for families and, more importantly, for the children.

It appears that the Connecticut experience is very similar to the experience that we have witnessed in other States where we have really gotten a bargain for the dollars spent.

It's a little bit like we went through a lot of turmoil a couple of years ago with the action agencies and after months and months and months of hearings, it became very clear that we got back about $10 in voluntary time for every dollar the Federal Government put out in the community.

So, I'm delighted with your testimony. It supports—you know, sometimes you write these laws and you find out a couple of years later they didn't work out the way you wanted them to.

It's nice to find out that one is working the way it's supposed to.

Thank you very much for your testimony this morning.

Mr. MURPHY. Thank you.

Ms. Strunk, any questions?

Ms. STRUNK. No, Mr. Chairman.

Mr. MURPHY. Thank you. Your complete testimony and exhibits will be made a part of the record.

STATEMENTS OF LAURIE M. FLYNN, EXECUTIVE DIRECTOR, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, AND ELIZABETH S. COLE, DIRECTOR, PERMANENT FAMILIES FOR CHILDREN UNIT, CHILD WELFARE LEAGUE OF AMERICA

Mr. MURPHY. The next panel consists of Mrs. Laurie M. Flynn and Mrs. Elizabeth S. Cole.

Mrs. Flynn, you may proceed.

STATEMENT OF LAURIE M. FLYNN, EXECUTIVE DIRECTOR, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDERN

Mrs. FLYNN. Thank you.

Mr. Chairman and members of the committee, thank you for the invitation to testify this morning on behalf of reauthorization of Public Law 95-266 and the Adoption Opportunities programs. I am speaking to you today as an adoptive parent and only secondarily as executive director of the North American Council on Adoptable Children, the national adoptive parents organization. In that role, I represent more than 20,000 families who have adopted children with a variety of special needs.

My own commitment to these children is quite personal. My husband and I are the parents of 12 children. Five of our children are homemade; they were born to us. The other seven are children whom we adopted, with a variety of special needs.

Throughout the 10 years of our adoptive experience, we have encountered as a family many of the conditions and problems that made Public Law 95-266 necessary, and we worked quite diligently for its enactment and appropriation.

I would like to tell you a little bit about the kinds of youngsters who are served by these programs. I will speak, again, from my own experience and tell you a little bit about my own children.

Two of our children, Sarah and Michael, came to our family as teenagers, after 7 years in foster care. Their early childhood included poverty, repeated family separation, physical and sexual abuse, and placement in three foster homes, as well as a residential treatment facility. They were part of a larger sibling group and were separated from the other members of their family. They exhibited serious emotional problems and only very gradually learned to share and trust with us as permanent family members. They are adults today and have made me, at 35, the grandparent of two children.

Amy was placed for adoption at age 12 and reentered the system 3 years later when the adoption was disrupted. She became our daughter at age 16, just last February.

Lea was our first. She came to us as an infant. And at the time, her only special need was her minority racial status. Lea also suffers from a serious form of epilepsy which has necessitated special medical care and hospitalization.

Christopher was adopted by our family at age 6. He came as a Vietnamese refugee. I bring this up merely to point out there is a contrast between our national awareness and response to the needs

of those youngsters, which were very real, and our awareness and concern for children here at home.

I would also like to share with you the fact that literally hundreds of families choose to adopt special-needs, handicapped children from overseas, because they are unable to get services through the agencies in this country. Many have told us that they are informed that no children are available for adoption, yet we know and evidence has shown that more than 100,000 children are currently legally available for adoption.

Daniel, a black child, was adopted by our family at age 6 months. And at that young age, he was already in his third foster place. He was born to mentally retarded parents who lived in a State institution. His future was quite bleak when, even as an infant, he exhibited serious developmental delays and the effects of emotional trauma. He has speech and hearing problems and did not speak at all until well past age 3 and has been diagnosed as having several learning disabilities.

However, because of a lot of patience, persistence, and help from our family, we have been able to work with Daniel. He is now in the first grade in the regular school system and is doing well.

Andrew was born in almost identical circumstances as Daniel but remained in foster care until the age of 3. He had more serious problems, as he was hospitalized with serious malnutrition at age one and weighed 18 pounds at 3½. He was considered autistic and mentally retarded because he did not speak, feed himself, and did not interact with others.

He is today a bright and outgoing 6-year-old in good health, in kindergarten in the public school. His teacher tells us that he's a real chatterbox.

Our own family and many other adoptive families like ours have been enormously enriched by caring for these special children. We know, however, that many, many more youngsters are in need of adoptive families. I must tell you, my husband is hoping some other families will come forward. [Laughter.]

You need to know that families are also waiting for these children. We at our organization have received literally over 15,000 inquiries from people all over the country who are expressing an interest in adopting children like my own. That's why I think the programs that have been begun on behalf of adoption opportunities by Public Law 95-266 are so important. These programs were carefully designed to bring these waiting children and these families together and to help make adoption successful.

Adoptive parents and parent support groups have played a major role in designing these programs and are actively involved in all of them, because they first saw what the problems were and brought these problems to the attention of the Congress. Our organizations at the local level and our members are actively involved in all of these programs.

The goal really is to bring these people together to build a network of parents and professionals who have the skills, the dedication, and the communications to work to serve the children. In only 18 months that these programs have been operating, I think we can see a great deal of that kind of progress.

We have a number of major initiatives that have really put something in place where nothing at all was available before to provide leadership and support to the States.

We have 10 regional adoption resource centers which involve local volunteers and provide a special outreach to minority families, because over 40 percent of the waiting children in this system are minorities.

The National Adoption Information Exchange System provides us with a way to help States identify to the public the children who are most in need and are most difficult to place.

Many, many social workers who have the responsibility to place these youngsters have had no training in the special challenges that adoption of special-needs children entails. The University of Georgia has been working for the past 18 months to develop a comprehensive in-service training curriculum, training program, which would be made available to public agencies around the country.

Adoptive parents tell us that this is one of the urgently needed services. They are told that there are no children and that they can't be served. They feel strongly that social workers need to have some additional help and training.

Our own project provides citizen involvement and local advocacy as well as parents to recruit other families. We have always felt that no one can tell the story of adoption and the rewards that are there like a family that has already done it.

We also feel strongly that families who accept the challenges of special children are going to need a lot of support and education. It's not easy to be a parent today, and certainly not to be a parent to children that come handicapped and troubled.

I think these initiatives—very small initiatives, really, but very critical—are vital, as we see more and more children entering our foster care system. The States are beginning to recognize the need to provide some permanency planning, and they need the adoption resources so that these kinds of youngsters can become part of a permanent and secure family.

The programs are designed to enhance the States' ability to meet the real needs of children. As parents, we know how much this help is needed.

I guess when we as families look at these children, we don't see them as a problem. We tend to see them as people with potential. We feel, as I think all parents do, that children are a precious resource, because they represent our future. Adoption to us is a chance to renew that resource by sharing love, so children can rebuild a family life.

Adoption builds families at a time when our national concern for families has never been greater. Adoption is cost effective at a time when all social programs are under serious review. In our desire to limit Federal spending, let us not choose to limit a child's opportunity for a family.

I do believe—and other families share this with me—that every waiting child's future is limited only by our vision of him. We envision and must work for the basic right of every child to be loved. As parents, we feel that love is its own reward.

The adoption opportunities program is needed. It is working effectively for children and families, and I sincerely urge you to continue it. Because of these initiatives, more waiting children are being identified, more family recruitment is taking place, more workers and parents are being trained to help more children find families. And families is what adoption is all about.

Thank you.

Mr. MURPHY. Thank you very much, Mrs. Flynn.

[Prepared statement of Laurie Flynn follows:]

PREPARED STATEMENT OF LAURIE M. FLYNN, EXECUTIVE DIRECTOR, NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, INC.

Mr. Chairman, members of the Committee, thank you for the invitation to testify on behalf of re-authorization of Public Law 96-266 and the Adoption Opportunities Programs. I speak today as an adoptive parent and as Executive Director of the North American Council on Adoptable Children. I also represent 20,000 families who have adopted children with special needs. My commitment to waiting children is quite personal. My husband and I are parents of twelve children. Five of the children are "homemade" and seven are special needs children whom we have adopted. In our adoption experience we encountered many of the conditions and problems that made Public Law 95-266 necessary and we worked diligently for its enactment and appropriation.

Two children, Sarah and Michael, came to our family as teenagers after seven years in foster care. Their early childhood included poverty, repeated family separation, physical and sexual abuse and placement in three foster homes and a residential treatment facility. Both exhibited serious emotional problems and only gradually learned to trust and share as permanent family members. Amy was placed for adoption at age 12 and re-entered the child welfare system three years later when the adoption disrupted. She came to us as an emergency foster care placement and stayed to become our daughter at age 16 last February.

Lea was adopted as an infant whose only special need is her race. When we adopted her 11 years ago, minority children had few adoption opportunities. Lea also suffers from grand mal epilepsy which has necessitated special medical care and hospitalization.

Christopher was adopted at age six as a Vietnamese refugee. It's amazing to contrast our nations' response to the needs of these children with our awareness and concern for kids here at home. You should also know that literally hundreds of families choose to adopt special needs children from overseas because they cannot get services in this country. Many are told no children are waiting even though we know over 100,000 American children are legally available for adoption.

Daniel, a Black child, was adopted at age six months, already in his third foster placement. He was born to mentally retarded parents who lived in a state institution. His future looked bleak when even as an infant he exhibited serious developmental delays and the effects of emotional trauma. Daniel has speech and hearing problems (he didn't talk until over age 3) and several learning disabilities. But through patience and persistence, he has become a friendly and cheerful little eight year old who enjoys life and succeeds in school.

Andrew was born in an almost identical circumstance, but remained in foster care until age three. He was hospitalized for malnutrition at age 1 and weighed only 18 lbs. when he joined our family. He was considered autistic and mentally retarded because he didn't speak, feed himself or interact with others. Today he's a bright outgoing 6 year old in good health. Far from being autistic, Andrew has become an amazing chatterbox!

Our family life has been enormously enriched by these special children. Many more are still in need of adoptive families, yet they wait.

Families wait too. We at NACAC received over 15,000 inquiries last year from people interested in adopting children like mine. The programs funded by Public Law 95-266 are carefully designed to bring these waiting children and families together and help make adoptions successful. Adoptive parents and parent support groups played a major role in designing these programs and are actively involved in all of them. The goal is to build a national network of parents and professionals with the skills and dedication to serve children. I believe that goal is being realized. In only 18 months of operation a great deal of progress has been made.

Major program initiatives supported by the legislation include:

10 regional Adoption Resource Centers which offer states specialized training so that adoption workers can provide the services children need. These centers also serve as information clearinghouses, and centers for effective family recruitment materials. Local volunteer parent groups are able to obtain small seed grants to carryout programs designed to involve citizens and agencies in a partnership effort at the local level. A special effort has been made to involve minority groups as over 40 percent of waiting children are minorities.

National Adoption Information Exchange System (NAIES) will help state adoption exchanges make the children visible and do a better job of recruiting families for those children who are most difficult to place. Geographic boundaries should not be allowed to remain a barrier to adoption.

Social workers often have little training in the actual techniques of special needs adoption. The University of Georgia has been working on a 45 hour inservice training curriculum which will be widely available to both public and private agencies. This help is urgently needed if the large number of children in public care are to be served.

Partnership for Permanence, the NACAC project is providing citizen involvement and local advocacy, outreach to minorities and special recruitment through Adoption Week, as well as parent education and support so that families who adopt handicapped and troubled children can meet the adoption challenge successfully.

These initiatives are vital as more and more children are entering foster care. States are recognizing the need to provide permanency planning and adoption resources so that vulnerable children can become part of a caring secure family. These programs enhance the states' ability to meet the real needs of children. As parents, we know how difficult it can be to adopt a special needs child. Where others see a child's problem, we see each individual's potential. Children are our most precious resource—they are our future. Adoption is a chance to renew that resource by sharing love so children can re-build a family life. Adoption builds families at a time when our national concern for families has never been greater. Adoption is cost effective at a time when all social programs are under serious review. In our desire to limit federal spending, let us not limit a child's opportunity for a family. I believe that each waiting child's future is limited only by our vision of him. We must envision and work for the basic right of every child to be loved. As parents we know that love is its own reward.

The Adoption Opportunities program is needed, it is working effectively for children and families and I sincerely urge you to continue it. Because of these initiatives more waiting children are being identified, more family recruitment is taking place, more workers and parents are being trained to help more children find families. And families is what adoption is all about.

Thank you for your attention.

Mr. MURPHY. Mrs. Cole.

STATEMENT OF ELIZABETH S. COLE, DIRECTOR, PERMANENT FAMILIES FOR CHILDREN UNIT, CHILD WELFARE LEAGUE OF AMERICA

Mrs. COLE. Good morning. My name is Elizabeth Cole. I represent the Child Welfare League of America where I am director of the permanent families for children unit.

This service division includes the North American Center on Adoption as well as several new initiatives to insure that more children will have permanent, loving families.

It is a voluntary organization for child welfare services. Our goal is to improve services for children. We have about 400 member agencies across the United States.

I am appearing with Laurie to plead the case for the other 100,000 children that Laurie and Joe Flynn haven't been able to adopt. These are youngsters who are legally free for adoption in the United States, but not yet placed.

Mr. MURPHY. How many?

Mrs. COLE. 100,000. The source of that figure is a study done by the Federal Government in 1977, a study by Schein and Schroeder.

It showed that there were 500,000 children in foster homes and institutions and that 100,000 of those children were already legally free for adoption.

If there is anything I could underscore from Laurie's testimony, it would be the cost effectiveness of adoption as a program for youngsters.

When Senator Cranston held hearings on the original Adoption Opportunities Act, he asked the then Under Secretary of HEW, how much does the Federal Government spend per year to maintain children in foster care?

Her reply in that testimony was $379 million. That was the same year this study was done.

If you divide those 100,000 children into that amount of money, what you see is that just the Federal dollars alone for those 100,000 children who are legally free for adoption repesents something like $75,800,000.

Now, under these are youngsters with no families. They have been legally terminated. The future for them, if they are not placed in adoptive homes, is to be maintained in that foster home or institution.

At those 1976–77 costs, the average age of these youngsters is 9.7 years old. If you say, how much is it going to cost to maintain the children until they are 18, using even 1976 figures, we figured out it is a minimum of $606,400,000 for these children that are free.

At the same time, Senator Cranston asked the secretary, how much money is being spent by the Federal Government to promote the adoption of youngsters, and the figure was something like $20 to $21 million.

Those figures are low because they only reflect the Federal dollars.

If you asked what dollars is the State and the county contributing to their share, the figures would double.

So, that there is really a very strong cost-effectiveness aspect to adoption as a social service.

Once more, we predict there are probably going to be lots more children available for adoption. As you know, in many of the States across the country, there really are intensive efforts to locate children in foster care who shouldn't be there and intensive efforts to try to place them.

We suspect more children are being identified day after day. The trend in unmarried pregnancies, particularly teenage pregnancy, we think, is going to continue.

There will be a large number of those youngsters who will be needing to be placed for adoption.

Many of them will have problems. Teenage mothers tend to have more babies with central nervous system problems, retarded. We feel the—with the crisis of inflation, and the lessening of welfare benefits, more mothers are going to turn to adoption as an option.

So, I guess the story Laurie showed is that adoption is a social service which provides the child with a family.

The league wants to emphasize that not only does it do that, but it is cost-effective.

Laurie tried to tell you some of the stories of the kids and we have them, too.

The league runs something called an exchange. The easiest way for me to describe it is it's like a dating service. We have kids registered with us, kids whom the local agencies have been unable to find a family.

We also have couples registered. We try to get them together.

There is Jessica from my State. She had something called Goldenhar syndrome. This is her picture at 10 months old. She was born with severe facial disfigurement and she had to have a glass eye. She was deaf. She also had a cleft palate and had to be fed through a tube in her stomach.

The State agency in Pennsylvania thought this youngster was unadoptable and she would have to spend the rest of her life in an institution.

Institutional cost is four times higher than adoption, and about twice as high as maintaining a youngster in foster care.

They registered her with the national exchange and with some help and some aggressive outreach, we were able to find a familiy in Florida who was willing to adopt Jessica.

They adopted her and their medical insurance is paying for the cost of the surgery and the care that she needs. This is a youngster who won't spend her life in an institution, whose medical needs will be met, and whose needs will be met.

This is Chad, who is from Georgia. He was 11 and had been in something like 12 foster homes, was emotionally disturbed and had some retardation.

He was placed with a family from Iowa. This family said they would like to do it again. Maybe they are going to try to top your record, Laurie. [Laughter.]

But, they would like to adopt some other youngsters. Those youngsters, we know how to place.

The good news is that we do have the technology to be able to place these youngsters.

The bad news is that the technology isn't in place all across the United States. That was the purpose of the Adoption Opportunities Act.

You asked, Congressman, why Federal Government? Why couldn't the States do it alone?

Well, one of the problems with the two States involved there is that while they had the youngster, they didn't have the resources within their own borders.

We were able to find a Florida couple for a Pennsylvania baby and an Iowa couple for a Georgia baby. There are agencies, many of them league member agencies, that are superior adoption agencies. They know how to place these youngsters.

Model agencies all over know how to do that. Some of the initiatives Laurie mentioned in her speech were geared up to give that impetus to the agencies.

We don't want to do it for them. We want to teach them how to do it. I guess it's real world, but Laurie and I find ourselves in an extraordinary position, and that is asking you for permission to spend less Federal and State dollars for children by allowing us to be able to provide them with some permanent, loving families.

Thank you.

Mr. MURPHY. Thank you very much, Mrs. Cole.

[Prepared statement of Elizabeth Cole follows:]

PREPARED STATEMENT OF ELIZABETH S. COLE, DIRECTOR, PERMANENT FAMILIES FOR CHILDREN UNIT, CHILD WELFARE LEAGUE OF AMERICA

My name is Elizabeth S. Cole and I represent the Child Welfare League of America where I am Director of the Permanent Families for Children Unit. This service division includes the North American Center on Adoption as well as several new initiatives to insure that more children will have permanent, loving families.

The Child Welfare League was established in 1920, and is a national voluntary organization for child welfare services in North America. It is a privately supported organization devoting its efforts to the improvement of care and services for children. There are nearly 400 child welfare agencies directly affiliated with the League, including representatives from all religious groups as well as non-sectarian public and private non-profit agencies.

The Child Welfare League of America supervises one of the projects funded by the Department of Health and Human Services under the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978; the National Adoption Information Exchange System. In addition to this project the League is a subcontractor on the State Child Welfare Reporting Project awarded to the Urban Institute.

I am appearing before you today to plead the case for at least 100,000 children who are legally available for adoption but do not have permanent loving and legal families of their own and who are being maintained at public expense in foster homes or insitutions.

The cost of their care is high. In 1977, at hearings on the Adoption Act, Senator Cranston asked Arabella Martinez, the Under Secretary of Health, Education and Welfare, how much Federal money is spent each year to maintain children in foster care. Her reply was as follows:

"The amount varies annually. In fiscal year 1976, the following costs were reported by States:

	Millions
Title XX (social services)	$160
Part B of title IV (maintenance and services)	33
Part A of title IV (maintenance)	171
Total	379

"No figures are reported or available for Title XIX (Medical assistance for foster children"[1]

During that same year, a Federally funded study was undertaken to determine how many children are in foster care. It was established that at the end of March 1977, children in foster care numbered half a million, and 100,000 of them were legally free for adoption. The children were older and/or handicapped. Twenty-eight percent were from minority backgrounds. In 1977, the Federal Government's cost of maintaining these children for a year was $75,800,000. The median age of this group was 9.7 years. We can expect, that if they are not placed in adoptive homes, the Federal share of maintaining these children until age 18 will be $606,400,000.

You will note that the costs and projections cited are based on 1976–77 figures. The cost of care has risen since then, and will continue to increase over the next decade. In addition, these figures represent only the Federal share of foster care expense. When state foster care expenditures are included in this picture, the figures double. It is impossible to calculate how many millions of dollars have already been spent to raise children whose needs would be better served in a permanent family environment.

Adoption then, as a social service, has a dual benefit: Families for children, and cost savings and effectiveness.

We fully expect the number of children with special needs who should be placed for adoption to increase in the coming years. Every day, agencies, assisted by state mandated review programs, are identifying more older, handicapped or minority children who need to be placed. The upswing in teenaged pregancies is invariably accompanied by the birth of significant numbers of babies with central nervous system dysfunction. We believe more teenaged as well as older mothers will turn to adoption as an option because jobs will be more difficult to find and welfare benefits are shrinking in the face of high inflation.

[1] Testimony of the Hon. Arabella Martinez at the Hearing before the Subcommittee on Child and Human Development of the Committee on Human Resources, United States Senate, on the Opportunities for Adoption Act of 1977 (S. 961) April 4, 1977.

Behind each one of these statistics is a real human being, and, I'd like to tell you about some of them.

Jessica, from Pennsylvania, was 10 months old when she was registered with the National Exchange. Her state agency felt there was no hope for an adoptive placement and feared permanent institutionalization. Jessica was born with Goldenhar Syndrome. This affectionate baby was facially disfigured and was in the process of being fitted with a glass eye. Jessica is deaf. She was also scheduled for surgery to correct a cleft palate. With the aid of therapy, she was expected to eat regular food rather than being fed through a stomach tube. This alert baby needed every opportunity for national exposure and recruitment to find a family. When she was featured on the National Exchange several families responded and Jessica was placed for adoption with a family from Florida. The family's medical insurance absorbed the costs of surgery and outpatient care.

As a result of this placement, the Pennsylvania agency learned that parents *can* be found for children like Jessica. They requested training and technical assistance from the National Exchange to enable them to develop more skill to serve the other special needs children in their care.

Ninety-six percent of the children registered with the National Exchange are older school aged youngsters. There are children like Chad, age 10, from Georgia. Chad, who came into care as an infant has lived in 12 different foster homes through no fault of his own. His state agency had exhausted their search for a family for this little boy who is moderately retarded and emotionally immature. An Iowa family saw Chad featured in the Exchange's Waiting Children publication and felt this was the child they had been looking for. In the adoptive family's own words: "We're thinking of doing it (adopting) again"— that's a pretty good recommendation!

There are older healthy children registered on the National Exchange, but due to lack of a developed expertise their agencies find them hard to place because of their race or ethnicity. Willie and Ronny From Delaware are two such children. They are 10 and 12 year old Black brothers who were separated from their sibling group of five and who wanted to stay together. After seven years in foster care, these bright boys were placed with a couple from a neighboring state through the efforts of the National Exchange. Training and assistance in recruiting Black and minority homes is a service of the Exchange requested by most states.

Not all of our youngsters have been fortunate enough to find families. Among those still waiting is Cheri, age 10 from Illinois. People who know her say "Once met, she is never forgotten", because she lights up like a beacon at receiving individual attention. Cheri has Cerebral Palsy marked by spastic quadriplegia and moderate retardation. She lives in an institution for blind and ambulatory children although she is neither blind nor ambulatory. She needs a chance for a family of her own.

Jess, age 10 and Mabel, age 9 are brother and sister who live in separate foster homes. They met only by chance in a special education class for slow developing children. Since that time they have longed to be placed together in a permanent home.

The names and real life situations of these children go on and on. There are approximately 500 children currently registered with the National Exchange who will not have the benefit of nationwide exposure if funding is eliminated or cut. Some will spend their childhood, or if severely handicapped, the rest of their lives in public institutions. Others will grow up in foster care, never belonging to their own family. The cost of either option wil be paid by Federal and state funds.

Why aren't they being placed?

I measured fully 18 inches of printed testimony heard in both houses of Congress prior to the passage of the Adoption Reform Act. The list of barriers to the children's placement was accompanied by a list of needs which the states compiled to remedy their problems.

1. A case review system which promptly identifies children who have been in substitute care for more than one year.
2. Legal services to assist in the prompt, voluntary or involuntary termination of parential rights.
3. Services to children to prepare for their return to the family or movement to another one.
4. A foster parent adoption program.
5. Aggressive outreach activities to secure additional prospective adoptive parents from the community at large.
6. Assessment and educative services to prospective parents to prepare them for the difficulties of the adoption.
7. Placement and post-placement services to child and family.

8. Subsidized adoptions to provide the adoptive family with supplemental financial or medical benefits.

9. Involvement of citizen advocates, including adoptive parents, in policy making and delivery of services.

10. Internal agency adoption exchanges and listing services to assure that all the agencies' children, regardless of where they reside, could receive the benefit of total agency adoptive family resources.

11. The establishment of external adoption exchanges or listing services. If an agency had no family of its own for a child, other agencies in the state, region and county should be explored.

12. Full cost purchase of adoption service, which would reimburse a voluntary or other public agency the exact cost of an adoption service rendered to a child who is the primary governmental agency's responsibility.

In order to carry out each one of these activities, the agency needs the basic resources, enough workers who are properly trained and supervised, and adequate legal and support services, spurred on by a cadre of advocates.

I suspect that at each one of the many hearings going on now in Congress, the major question is: why can't the states do it for themselves? Why do they need help?

Doing something presumes the willingness, and the know-how. For years many states have been content to ignore these children. They were thought unadoptable. Testimony indicated that the willing states lacked the knowledge. The purpose of the Adoption Opportuntities Act was to demonstrate to the states that children could be placed and to teach them how. It seeks to assist states to: train workers; design systems to identify children who need service; provide tools for the recruitment of parents; share families living in one state or region with children living in another; focus on minority children; and share technology within and between states.

Money not targeted for adoption and unaccompanied by know-how will not bring the intended results. The Adoption Opportunities Act was intended to be time-limited assistance to the states to increase their local capacity—not to do the job for them—but to teach them how to do it. Cutting these initiatives now would not be an assist to the states but rather inhibit or stop a process which seeks to enhance their abilities.

It doesn't happen very often in Congress that one can provide something as meaningful as a family for a child, and, at the same time save tax dollars. Please keep funds for the Adoption Reform Act and allow them to be used for the purposes for which they were intended.

Mr. MURPHY. Mr. Miller, do you have questions or comments?

Mr. MILLER. Yes. Thank you, Mr. Chairman.

How do we get to the point where we make sure that the adoption portions of the Child Abuse Act mesh with Public Law 96-272?

Mrs. COLE. There is a difference between what this act recommends and Public Law 96-272. Public Law 96-272, as you know, since you worked so long and hard to get it passed originally, is to provide a match to the States for subsidized adoption.

It is really primarily just the money portion. For example, this couple for Jessica used their own health insurance.

But, Public Law 96-272 would have paid for Jessica's operation if they didn't have it.

The Adoption Opportunities Act is geared to give technical assistance, training, consultation to the States. They are two different kinds of topics.

Originally, they had in one bill—they had been in one bill when Senator Cranston drafted it, and then they got split up and the technical assistance and training and advocacy material got attached to this legislation, and the subsidy was put into Public Law 96-272.

Mr. MILLER. I guess my concern is in this atmosphere that we are experiencing, how do we make sure that as we go down—I mean, I think it appears from the Ways and Means hearings yesterday, that Public Law 96-272 is probably going to be preserved as a categorical program.

It will not be a block-grant program. This program is a categorical program. They have the same intent with respect to adoption.

There's different potential adoptive parents which have different requirements. Some will need the medication portion and some will be able to do it by their private insurance.

But, how do we get down the road so that we don't have two separate operations going? They shouldn't really be separate.

It should be the ability to provide those parents willing to adopt whatever resources they need. Because, as you pointed out, the money benefits to the Federal Government are dramatic for each one of the placements.

How do we arrive at that point?

Mrs. COLE. I think the meshing has to be done at the regional level, which is, again, another answer to why it is so bad if you do away with the regional initiatives.

The Public Law 96-272, the subsidy, will come as relief to the specific States. A lot of the initiatives on the Adoption Opportunities Act are adminstered at the regional level.

It's up to those regional people to coordinate the initiatives that they are taking for the training and technical assistance with the State people.

In essence, they have worked very closely with the State people much in the same way as the partnership in the child abuse section that you have just heard.

My sense, Congressman, is that it really isn't going to produce a very large problem. The structure we have now with the initiatives separate has worked. I think the problem is going to be if they block-grant the Adoption Opportunities Act. The same question Mr. Murphy asked.

My sense is that the States might not choose this activity and the block granting will downplay the importance that the categorical targeting has given it.

I don't know whether I answered your question. I tried as best I could.

Mr. MILLER. I'm just thinking about it.

Obviously, the exchange mechanism that has been set up under this act is satisfactory, very compatible to, you know, the—that was originally put in this act because we thought politically this act had enough going for it to put some of these adoption reforms in that had been ranging around for a decade, to put them into effect.

We were right.

I don't want to be subject to criticism that we are running dual programs or that people are not working with one another.

Mrs. COLE. I don't think that's a problem. I think Public Law 96-272 is really for children who are AFDC, AFDFC, or SSI eligible. That's a very small portion.

The Adoption Opportunities Act serves all of these 100,000 children. The adoption subsidy portion of Public Law 96-272 probably only applies to a very small portion, 25 percent of them.

The universe of one is larger than the universe of the other.

Mr. MILLER. The Public Law 96-272 eligible children—this sounds very strange—they would be eligible to be included in the exchange by various States, and so, in fact, even though they would be eligible for the subsidies, if a family decided to take them, they

won't necessarily have to proceed under that. But, they can find the children in the exchange?

Mrs. COLE. That's right. The two augment one another, but they don't replace one another.

Mr. MILLER. That's what I'm hoping, that that happens. I think that, again, with what happens to be taking place in Ways and Means and what's happened here over the last couple of years, I think we finally have got a national policy on adoption.

Mr. MURPHY. Do you think we could merge the two, the title of this one with Public Law 96-272?

Mr. MILLER. I don't know yet. It becomes somewhat difficult because I don't think anybody would go back and touch Public Law 96-272. That was 7 years in the making.

But, I think some of those questions have to be raised at some point. There is obviously controversy around the model adoption legislation.

I think you have to ask yourself if that's ever feasible in today's atmosphere.

Thank you very much.

Mr. MURPHY. Mr. Erdahl has recently joined us. I don't know whether he's speed-read the testimony.

Do you have any comments?

Mr. ERDAHL. Thank you, Mr. Chairman. Just a couple of brief comments.

I haven't had a chance to read your testimony. I have had a review from staff.

I understand both of you are involved personally with adoptive children, some of them with problems. All kids have different problems and we know that as natural or adoptive parents.

I appreciate your concern. I will read the record. The testimony you presented today dealt with the preventive aspects.

I thank you for being with us. I apologize for being late.

That's all, Mr. Chairman.

Mr. MURPHY. All right.

The committee will now adjourn the hearing and commence a regular meeting to consider markup.

[Whereupon, at 10:08 a.m., the committee was adjourned.]

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